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HUNGER IN AMERICA: TEN YEARS LATER

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HEARING

BEFORE THE

SUBCOMMITTEE ON NUTRITION

OF THE

COMMITTEE ON AGRICULTURE,
NUTRITION, AND FORESTRY

UNITED STATES SENATE


NINETY-SIXTH CONGRESS

FIRST SESSION

APRIL 30, 1979

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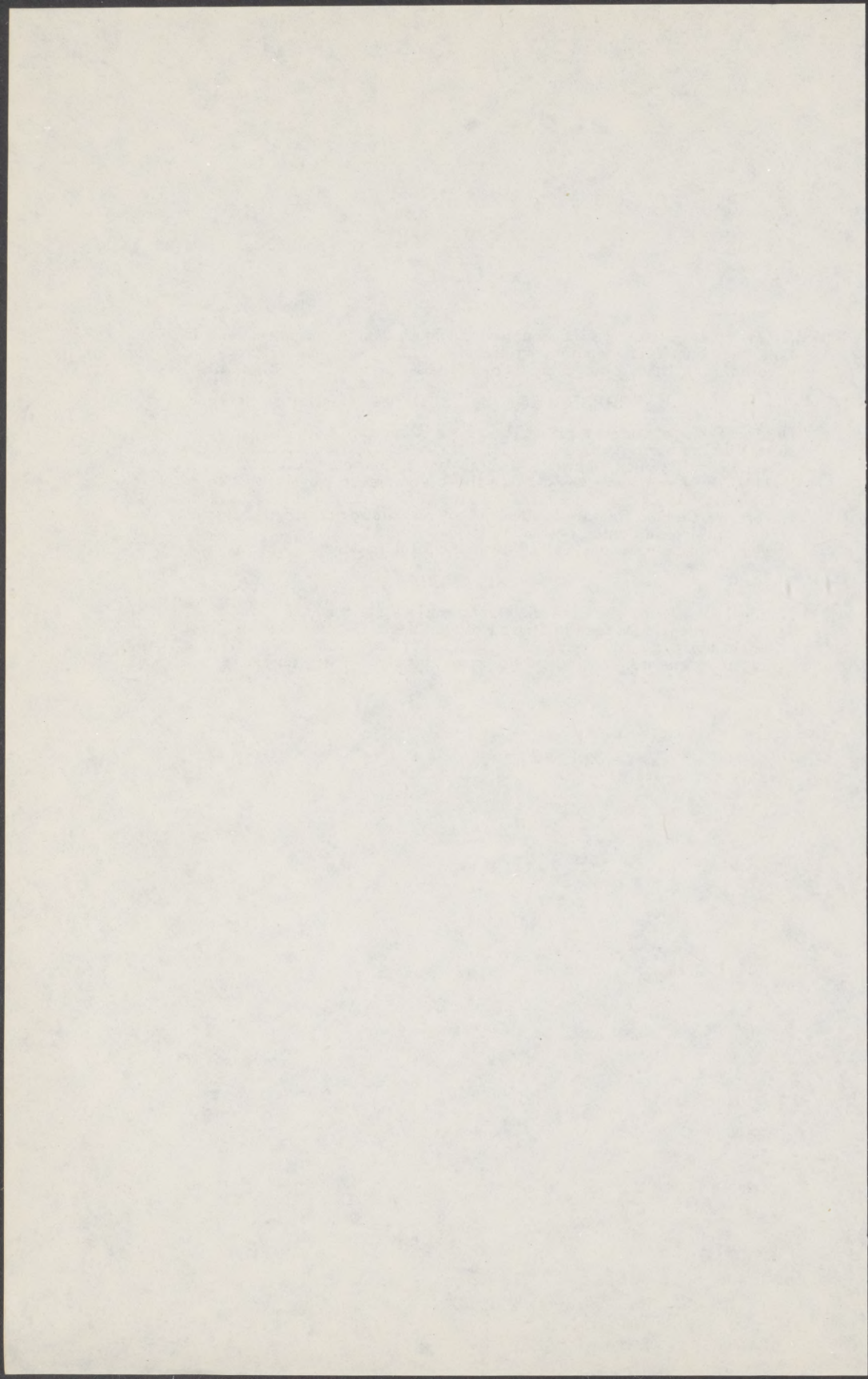
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HUNGER IN AMERICA: TEN YEARS LATER

MONDAY, APRIL 30, 1979

U.S. SENATE,
SUBCOMMITTEE ON NUTRITION OF THE
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:35 a.m., in room 324, Russell Senate Office Building, Hon. George McGovern (chairman of the subcommittee) presiding.

Present: Senators McGovern and Dole.

Also present: Senator Cochran.

STATEMENT OF HON. GEORGE McGOVERN, A U.S. SENATOR FROM SOUTH DAKOTA

Senator McGOVERN. The subcommittee reconvenes this morning with some of the same experts who helped launch America's anti-hunger efforts a decade ago. Spurred by the reports, "Hunger in America," "Hunger—U.S.A.," and "Children in Mississippi," we made a commitment to the American people that the Government would do its best to help feed those who could not feed themselves.

When the faces of starving children were brought into our homes and our consciousness in the late 1960's, this Nation found hunger among its people to be simply unacceptable. The Nation that is responsible for more agricultural exports than any country on Earth must feed its own people.

Pacem in Terris, Pope John's great encyclical, recognizes the right to food as one of the most basic of all human rights.

Today, we will hear that 10 years after we began our efforts, millions of Americans are better off; poverty caused malnutrition has been reduced. Poverty is still a fact of life, but in the area of food, there is a difference, according to the Field Foundation medical team.

Today's nutrition programs reach more people with more direct aid than any program except social security.

These accomplishments do not mean that we have totally eliminated hunger in America. Hunger and malnutrition still exist on our Indian reservations, in migrant camps, and among some other citizens.

However, it is important for us to recognize that substantial progress has been made. Of all the Great Society programs, the Nation's feeding programs have been the most successful.

Many of the programs that were developed during the sixties and during the seventies have come under great criticism lately as being inefficient and a waste of taxpayers' money. But that generalization does not apply to the Nation's feeding programs. The

Nation can be proud of the commitment we have made to feed the hungry and of our accomplishments. The Nation's nutrition programs work.

Notwithstanding these developments, which should be a great source of satisfaction, we are on the verge of a major step backwards. Food stamp benefits stand to be drastically cut back in the months ahead, perhaps by as much as 30 percent. It is possible that the current food stamp benefits, which averages only about 33 cents per meal per person, may be reduced to as low as 20 to 25 cents.

The major reason for this is that when the Food Stamp Act was passed in 1977, not enough money was allowed for the extremely high rate of food price inflation that we have been experiencing in recent years. In other words, the projected cost for the food stamp program is now substantially higher than the maximum ceilings allowed in the current law. If we are not successful in amending the current Food Stamp Act, these drastic cutbacks will take place.

It is my hope that by highlighting today the effectiveness and importance of the food stamp program and other nutrition programs, we will renew our commitment to feed the hungry.

Senator Dole, do you have an opening statement?

STATEMENT OF HON. BOB DOLE, A U.S. SENATOR FROM KANSAS

Senator DOLE. I have a brief statement, Mr. Chairman. First of all, there should be no doubt in anyone's mind in this country of the leadership demonstrated time and time again by Senator McGovern—I think that is the first thing to be recognized and underscored—that, and the work of men like those who are here today.

A decade ago, our Nation was shocked when the Field Foundation report brought us the message that some Americans are starving. We heard and saw on television that the incidence of poverty is not limited to developing countries, but that it also flourishes in the wealthiest country in the world.

We knew before the report that there were poor persons in our country, but we did not really admit that some American children know nothing but hunger. Or, that rice and beans appear on both breakfast and supper menus for days at a time.

After the report on hunger became accepted, the Congress began to view our food programs as not simply an outlet for surplus commodities, but as programs having the possibility of addressing nutrition problems.

When the Select Committee on Nutrition and Human Needs was first created, we did not know if we could resolve the hunger problem and meet the nutritional needs of American citizens. I think it was perhaps at that time that Congress recognized for the first time its responsibility in this area and admitted it could not leave this matter unattended. Senator Humphrey was one of the early supporters on the Democratic side, and Senator Percy on the Republican side.

We began with the belief that we could make a difference. It is encouraging to learn that the Field Foundation has gone back to check on poverty and that it has discovered that hunger in America has been reduced.

Congressionally mandated food assistance programs appear to have brought about this improvement. One reason we have made such progress can be attributed to the strong bipartisan support behind the goal of eradicating hunger.

President Nixon highlighted hunger in his 1969 White House Conference on Food, and I feel we could not have made the improvements in the 1977 Food Stamp Act were it not for the help of the Carter administration.

When the Senate faced some difficult questions on funding for the food stamp program during the consideration of the fiscal year 1980 First Concurrent Budget Resolution, it was bipartisan support that decided the question in favor of a strong food stamp program.

I look forward to continuing this subcommittee's work and am appreciative of the support that persons here have given us.

The leadership of the Field Foundation and of today's witnesses will continue to be valuable to the Senate. Later this year, we will be looking at the Food Stamp Act. It is almost certain we will encounter efforts to curtail this program. I trust that today we will hear facts, theories, and trends that will assist us when this legislation comes next before the Senate.

As Senator McGovern found out, the food stamp program makes an easy target to hit. It is easy to make strong speeches against it; and there are certain areas that should be improved. In fact, we believe this committee did a great deal and took several steps forward with some reforms in 1977. Some of those reforms have not yet been implemented; some of our colleagues have yet to see the impact they will have.

In the final analysis, it is my hope—and that of others on our side, including Senator Cochran, who has long been interested in this program—that we can have an effective food stamp program that will reach out and bring in those who should participate and that we can do this without destructing the budget. We strive for a program with benefits aimed at the needy. If that can be accomplished, as I think it can be again under the leadership of Senator McGovern and others, we will preserve the food stamp program and make significant gains.

Senator MCGOVERN. Thank you very much, Senator Dole.

I appreciate the kind words, but I think all along the success of this committee has depended on its bipartisan character. The Senator from Kansas, Senator Dole, has played a central role.

Senator Cochran, one of your distinguished constituents is here today as part of a panel. I would like to call on you for any remarks you would like to make.

STATEMENT OF HON. THAD COCHRAN, A U.S. SENATOR FROM MISSISSIPPI

Senator COCHRAN. Thank you, Senator McGovern. That is the reason I am here. I am not a member of this subcommittee, but I want to welcome Dr. Aaron Shirley, who is from Jackson, Miss. He is energetic and hard working, and has done a great deal to focus the attention, not only of the State leaders, but national leaders, on the problems of the youngsters in our State, at a great deal of personal sacrifice to himself. He has devoted a tremendous amount

of effort and time to improve the quality of life of many Mississippians and Americans as well.

I think it is very appropriate for him to be included in the panel this morning; and although I am not a member of this subcommittee, I am very interested in the work of the subcommittee and will be very interested in listening to some of the testimony and in reviewing the testimony of all these hearings.

Thank you very much, Mr. Chairman.

Senator McGOVERN. Thank you, Senator Cochran.

Our panel this morning consists of Leslie Dunbar of the Field Foundation; Nick Kotz, author of "Hunger in America: The Federal Response," published by the Field Foundation, and also a Pulitzer Prize-winning journalist and author, who is noted as an expert in the area of nutrition and food programs; the Field Foundation medical team, represented by Dr. Gordon Harper, Harvard Medical School, Boston, Mass.; Dr. Ray Wheeler, Charlotte Medical Center, Charlotte, N.C.; and Dr. Aaron Shirley, who has already been identified by Senator Cochran.

Dr. Shirley is project director of the Jackson-Hinds Comprehensive Health Center in Jackson, Miss.

Gentlemen, you can proceed in any way you see fit, and you will be followed by Dr. Jean Mayer, president of Tufts University, who has frequently been a witness before this subcommittee.

Please proceed as you see fit.

STATEMENT OF LESLIE DUNBAR, EXECUTIVE DIRECTOR, FIELD FOUNDATION

Mr. DUNBAR. Thank you, Senator McGOVERN. I am going to speak very briefly and then introduce these gentlemen.

I am Leslie W. Dunbar, executive director of the Field Foundation.

We appreciate the opportunity to appear before this body which has done so much as successor to the Select Committee on Nutrition and Human Needs to extend and to improve the Federal food programs.

I believe that the thrust of our testimony this morning will be twofold: one is to say, in the face of prevailing disparagement of all the antipoverty programs, that under the economic conditions of the Nation today, the Federal food programs play a vital role and do it well.

The second is to say that the Food Stamp Act of 1977 must be funded by Congress up to the act's own promise and commitment.

The campaign to enlarge the Federal food programs, to the point where today about 60 million people benefit from them directly and the smallest of them all, food for the elderly, is nearly as big as was the food stamp program itself in 1967, has been carried forward by a remarkable combination of private persons and organizations as well as by devoted congressional work.

You will hear testimony today about the observations of a group of 12 physicians, 1 dentist, and 1 psychologist. Three among that group—Drs. Joseph Brenner, Milton Senn, and Raymond Wheeler—were part of a team of six who, in 1967, saw scenes of hunger, malnutrition, and destitution in the Mississippi Delta that impelled them to come to Washington and before Senator Joseph Clark's

Subcommittee on Employment, Manpower, and Poverty, cry out, in behalf of the families they had seen, their pain as doctors and as citizens.

I believe it is fair to say that that was one of the events that determined Congress and the Nation to do their duty by hungry people. Three more of the doctors assisting with this latest report—Drs. Gordon Harper, Robert Nolan, and Aaron Shirley—were among those who in 1970 went into the migrant labor areas of Florida, Texas, and the Northeast and came here before Senator Mondale's Subcommittee on Migratory Labor to speak of the shocking conditions they had seen.

Between those two events, there had been other acts of private groups. A citizens board of inquiry into hunger and malnutrition did extensive surveys and analyses, and published in 1968 the report titled "Hunger U.S.A.", in 1973 it published a revision, "Hunger U.S.A. Revisited."

A committee representing Catholic, Jewish, and Protestant women brought out in 1968 a path-breaking study of the national school lunch program titled "Their Daily Bread."

For several years, a national council on hunger and malnutrition monitored the programs, a task now effectively discharged by the Childrens Foundation, the Food Research and Action Center, the Community Nutrition Institute, and others, including such fine State organizations as the Mississippi and the North Carolina Hunger Coalitions.

The Field Foundation has been privileged to be a part of this work. As it did for this present survey and study, it organized and sent doctors out in 1967 and 1970; it lent my services to the citizens board of inquiry as cochairman, along with Dr. Benjamin Mays; and it has participated with other foundations in the funding of many of the activities mentioned above.

I am pleased no end to note also in this Senate hearing room, as another mark of concern, that a new member of our board is Mr. John Kramer, who headed the old National Council and who is now, among other things, special counsel on food programs to the House Agriculture Committee.

As I said earlier, we believe that this latest report, and the testimony you are about to hear today, will show programs that have worked well by any appropriate standard.

They have served the national interest by strengthening and making more healthy our people, perhaps averting brain damage among our children, most certainly making them more alert in their classrooms and therefore more educable.

They have ended the national shame of poverty conditions so gross that they horrified the public who saw them depicted over television and in newsprint. They have affirmed those human rights, those which are the most basic of all, the rights to life, health, and freedom from hunger.

The food programs have done this at remarkably low cost. And most of what they have cost has gone into purchasing the products of American agriculture. The dozen or so programs can each, I am sure, be improved in provision and administration, but taken as a whole, they have worked.

They have, with unusual precision, demonstrably served the purposes for which they were designed, and that is a rare thing to be able to say about governmental programs.

There is another interesting and not very usual fact about the Federal food programs: They are congressional initiatives and expressions of congressional concern. They represent, it seems to me, Congress at its very best. It would be accurate to say that every President and every Secretary of Agriculture since 1967-68, and until Mr. Carter's administration, has been at best unsympathetic and at worst, as with Mr. Butz, blatantly hostile. These are still congressional programs, though now benevolent neutrality may prevail in the Executive department.

It is almost certainly the case that the unfriendliness of previous administrations caused the worst of all problems with the food programs to be rude, unfeeling, shoddy administration, the kind which translated entitlements into barriers.

Given this kind of attitude with the Executive, the need for private agencies to monitor the programs in order to effect the will of Congress was and is pressing. Our own foundation, and I trust others as well, will continue to see that such is made possible as required.

I would like to conclude by saying that a Congress which accepts the principle that the Pentagon in its appropriation shall not be penalized for inflation should, at the very least, apply that same principle to food for the poor.

The spending ceiling in the 1977 act was based on food price estimates made by the Congressional Budget Office. That Office made a mistake; inflation has outrun all the Government's wishful figures, the CBO's along with the rest. The poor should not suffer for that mistake.

It is the belief of many of us that the largest single cause, by far, of inflation is the military expenditure since the early 1960's and continuing and growing. Indeed, it is hard to see any way to resist that conclusion.

It would be, therefore, all the more savagely ironic to give full immunity from inflation to its parent, the Pentagon, while not allowing the poor even the partial immunity that would be represented by the Federal contribution to their food needs. I know that your subcommittee will do all it can to prevent that.

That concludes my statement.

I would like to call on Mr. Nick Kotz, who Senator McGovern has already described well enough, to summarize briefly the highlights of this report, on which he has been rapporteur.

STATEMENT OF NICK KOTZ, AUTHOR

Mr. Kotz. I think that the most striking thing that the doctors found and that I found, compared to 10 years ago, was the tremendous progress in terms of elimination of the grossest signs of hunger and malnutrition.

At the same time, I think it should be stressed that the findings that problems of hunger and malnutrition in this country are not eliminated, whether one looks at the scientific data from the Center for Disease Control of the Public Health Service, or the

health and nutrition examination survey, which was conducted by the National Center for Health Statistics.

There are still persistent findings among poor Americans of inadequate diets and signs of malnutrition. While it is very important to note the huge progress that has been made, the findings of these surveys, plus the findings that you will hear from our doctors, indicate that problems still exist.

I would like to just very briefly touch on a few statistics that indicate some of the signs of progress.

In the 10 years since the Field Foundation doctors first went out, participation in the food stamp program has grown from 2.8 million people, to 18 million people today.

Ten years ago, there were 3 million poor children getting benefits in the school lunch program. Today, 12 million children are getting those benefits.

Ten years ago, child care programs were supplying food to 140 million poor children. Today, the figure is 300 million.

Ten years ago, 1.2 million mothers and pregnant women and their infants were receiving aid from the WIC program. Today, the figure is 1.5 million.

Ten years ago, only 41,000 elderly people were receiving special nutrition aid. Today, the figure is 2.3 million.

In terms of sheer numbers of poor people in various categories receiving help, much-needed food help, the numbers really speak for themselves. A remarkable number of poor people are receiving help today compared to 10 years ago.

Looking very briefly at those programs, in the case of the food stamp program, the evidence suggests that the aid is tightly targeted at those people who need it the most. Eighty-seven percent of the people, the 18 million people in the food stamp program, who are receiving that aid, are people who are living in poverty.

For 4 million of those people, the difference between food stamp aid, getting or not getting, is a difference from being in poverty and from being lifted slightly above the poverty level.

Looking at the "Hunger U.S.A." report, which was then 10 years ago, and looking at the situation today, it indicates that food stamps have been most tightly targeted at those poverty pockets where the aid was most needed.

The "Hunger U.S.A." study looked at the 100 worst counties in the United States where there was the greatest deprivation.

Ten years ago, the people in those counties were getting \$26 of food aid per person. Today, the figure is \$127, while nationally the average has only gone from \$26 to \$45. It is a stunning statistic in that, in the worst areas of poverty, whether rural areas of Mississippi or of South Carolina, whether the barrios of the Southwest or the slum areas of the big cities, that aid is getting to the people who need it.

Another interesting study done by Prof. Donald West of Washington State University revealed that poor people are making good use of the food stamps. There is a persistent myth, akin to the welfare Camelot myth, that simply won't go away, that poor people supposedly are standing in line buying sirloin steaks with their food stamps.

Dr. West, in a meticulous survey, has shown that poor people, while spending the same proportion of their money as the well-to-do on different categories of food, actually use this money far more efficiently. They buy cheaper cuts of meat. They buy flour instead of cakes. They buy milk instead of ice cream. But they efficiently use those food stamp dollars to maximize their diets.

In conclusion, as to the food stamp program, two basic problems still remain: One, not enough people are covered; and two, the people in the program, even in this greatly improved program, still do not get enough aid.

The women and infant children feeding program is another one in which all the studies show there has been remarkable progress.

The Center for Disease Control study conducted by the Public Health Service shows that women and infants in this program had improved hemoglobin. The infants had improved growth levels and improved birth weight.

A Yale University Medical School study conducted in Danbury, Conn. showed a reduction in the fetal death rate for mothers participating in this program.

A Michigan study showed a reduction in anemia.

A Pennsylvania study showed a reduction in the infant death rate.

There are at least 15 or 20 good medical studies done of the WIC program and in every case these studies show that pregnant women and infants are benefited from this program.

Again, the problem is not enough people are participating in it today.

The school breakfast program is another one in which studies show signs of progress.

The Congressional Budget Office and Washington State University have both conducted surveys and studies which show that a remarkable number of children go to school in the morning with no breakfast or without adequate breakfast; and in the case of the school breakfast program, where that has been implemented, the Congressional Budget Office and the Washington State University study, which was conducted throughout the State of Washington, found a marked improvement in nutritional adequacy with children who participated.

Similarly, with the school lunch program, there was a very interesting study done in Baltimore, where 5,200 children were followed over the course of 4 years. In the case of poor children participating in the school lunch program, there was marked improvement in their nutritional status.

I would just conclude by saying that the situation today, versus that of 2 years ago, when the Congress, led by you on this committee, was putting reform through in the food stamp program, or 5 years ago or 10 years ago, and today, has got sort of an ironic point to it.

Over the last 10 years, there has been steady progress in terms of improving the benefits and the reach of these programs.

It seems to me that for the first time over this 10-year period that there is a danger that instead of expanding the effectiveness of the programs, that we may go in the other direction and that

today the issue seems to be fighting to hold on to the adequacy of the programs rather than improving them.

Thank you.

Senator McGOVERN. Thank you, Mr. Kotz. I think your report, "Hunger in America," is an excellent and balanced summary of both the gains that have been made in the last 10 years and also some of the remaining problems. I request unanimous consent that Mr. Kotz' booklet be printed in the record.¹

I think it is fair to say that the efforts to eliminate malnutrition are one of the real great success stories of the last 10 years. I don't know of any other Federal programs that have worked any better than these nutritional efforts of the past decade.

I also think you are right in pointing out the war isn't over; there are still battles to be won.

Mr. DUNBAR. Mr. Chairman, the three physicians who are here are not only men who participate in occasional periodic surveys but are all people involved with these issues day to day.

Dr. Wheeler, who will speak first, has perhaps been more closely and prominently identified with these hunger issues than almost anyone in testimony to Congress, appearances on national television and otherwise. In addition to a busy private practice, he is a former president of the Southern Regional Council, a former board chairman of the Children's Foundation and is now chairman of the North Carolina Coalition on Hunger and of the National Sharecroppers Fund.

STATEMENT OF DR. RAYMOND WHEELER, CHARLOTTE MEDICAL CENTER, CHARLOTTE, N.C.

Dr. WHEELER. Senator McGovern, Senator Dole, and Senator Cochran, I would like to begin, as a medical person, by affirming the remarks that both Leslie Dunbar and Nick Kotz have made regarding hunger and ill health among the disadvantaged in the United States. Certainly, the existence of hunger and malnutrition in this country I think has been established beyond any debate and it seems also very likely beyond argument that the expansion of the Federal food assistance programs has indeed significantly altered the face of hunger in this country.

We know, however, that there will continue to be many people in our Nation who are malnourished and who do not have the food or the health care which is necessary to retore them to health and maintain them in a situation of good health and full productivity.

The number of people in poverty began to increase in 1970, and I have no reason to think that has declined since that time. As a matter of fact, there is reason to believe that the real incidence of poverty is higher than the poverty statistics actually indicate; but whether the real poverty count is 25 million people in this country or even more likely 30 million people, the incredible fact remains that in this country there is an enormous number of people who are living at or below the federally defined poverty level and by definition if their income is at or below the poverty level, they cannot afford to purchase a minimally adequate diet unless they receive some type of assistance.

¹See p. 42 for a reprint of "Hunger In America: The Federal Response," by Mr. Kotz.

Since I am one of the physicians who took part in the surveys of hunger and malnutrition from 1967 to 1970, and returned again with the Field Foundation-Sauntered Medical Team in 1977, I think it might be helpful for me to recapitulate very briefly what we saw on each of these surveys.

In the spring of 1967, shortly after a Senate subcommittee led by Joseph Clark and Robert Kennedy first brought hunger to the attention of the American people, a group of physicians went as a team to study the health and living conditions of children of the poor. I was a member of that team; and I would like to quote directly from our report.

Wherever we went and wherever we looked, whether it was the rural south, Appalachia, or an urban ghetto, we saw children in significant numbers who were hungry and sick, children for whom hunger was a daily fact of life and sickness in many forms, an inevitability. Many of these children were weak and in pain; their lives were being shortened; they were, in fact, visibly and predictably, losing their energy, their spirit and their health. They were suffering from hunger and disease, and directly or indirectly, many were dying.

Wherever we went the impact was the same. We saw countless families with large numbers of children isolated from the mainstream of American culture and opportunity, possessing none of the protections of health, life, and job that other Americans take for granted as rights of citizenship.

What we saw on those trips and the conclusions we drew have been documented and substantiated over and over again. As a result of those trips, there was unprecedented publicity, all sorts of surveys, reports, TV documentaries, Presidential messages, a select committee of the U.S. Senate on Nutrition and Human Needs, and even two White House conferences which occurred. The Nation was properly shocked and in the years that followed, Congress, responding to public pressures and public needs, enacted more than a dozen food aid laws and now appropriates more than \$9 billion per year to feed the poor.

There can be little doubt that this generous outpouring of money for food and medical care by our Government and by concerned citizens over the past 10 years has saved many lives and relieved great suffering. The statistics speak eloquently to this point.

We note there has been a decline in infant mortality of 33 percent from 1965 to 1975 with even more rapid decline in deaths of infants during the first month of life.

Infant deaths from diarrhea, influenza, pneumonia, and immaturity, many related directly to poverty and malnutrition, have declined 50 percent or more. I think of particular interest and directly related to our concerns is the fact that these reductions in mortality have occurred more rapidly among blacks and American Indians and in the 10 States with the highest incidence of poverty and malnutrition.

The observations of the 1977 Field Foundation Medical Team support the accuracy of this information.

I would like to quote again from a more recent report.

We went again into the Delta of Mississippi, the tenements of the Bronx, the isolated mountain hollows of Appalachian Kentucky, the coastal regions of South Carolina, and the migrant work camps of central Florida. Our first and overwhelming impression was that there are far fewer grossly malnourished people in this country today than there were ten years ago.

When one visits the Head Start centers that we saw and examines the children even cursorily there can be little doubt that significant change has occurred since 1967. The children of the poor were healthy in appearance, lively and responsive in their interactions with each other and with their teachers.

Nowhere did I see the gross evidence of malnutrition, the omnipresent evidence of acute respiratory illness, and the evidence of apathy and weakness among young children that we saw in 1967. The teachers I questioned reported very few problems with illness among the children during the entire school year.

So I believe the problem is not now primarily one of overt hunger and malnutrition, although unquestionably these conditions have not been eliminated. It is not possible any more to find very easily the bloated bellies, the shriveled infants, the gross evidence of vitamin and protein deficiencies in children that we identified in the late 1960's.

Instead, my colleagues and I observed more subtle manifestations of malnutrition, particularly among the poor in those areas where food-aid systems are functioning inadequately and not reaching those who need help.

Undernutrition often masquerades as other kinds of problems. Many of these children, already malnourished at birth, are born prematurely because malnutrition in the mother is the most common cause of prematurity and prematurity is directly linked to early infant mortality, birth defects, and mental retardation.

Many undernourished infants die shortly after birth, killed by their unusual susceptibility to infections which are ordinarily benign in the well nourished child. Those children surviving infancy are more frequently ill. They are more likely to be anemic and undersized for age, and they certainly do less well in school than their counterparts in more affluent families.

They become slow learners, who wind up living in poverty and producing children who grow up in the vicious cycle which condemns them to lifetimes of marginal function. Their lives are characterized by behavior disturbances, physical disability, high rates of failure in school and low levels of employability.

The social and economic consequences of this tragic sequence of events are enormous and devastating to the children and to the society in which they grow up. By not feeding children adequately, we may be negating our efforts to educate them and we are undoubtedly creating problems for the future.

It is important to understand that the effects of inadequate food, bad housing and poor medical care are not confined to the poor but they indirectly determine the strength and vitality of our society, the amount of wealth we produce, and the incomes we enjoy.

More than 10 years ago, the Office of the Budget calculated that for every dollar we failed to spend feeding hungry people, it costs our Government over \$3 in payment of sickness care, lower productivity, so-called "handouts" to the disabled. I suspect these figures are equally or even more applicable today.

As Robert Claiborne wrote recently:

A balance sheet of the dollar costs of poverty versus dollar cost of ending it might well show that even in purely economic terms, humanity is the best policy.

In the remaining minutes of my time, I would like to speak not only as a physician, but as a southerner who is concerned not only with the physical health of my region but also with its economic health and who believes that the decisions this committee will make about food policy will have an enormous impact on both economic and physical health in the Southern region as well as in the Nation.

I would like to make two basic points.

The first is that the health status of Southern people remains the worst in the Nation, far below national averages in most of the parameters we use to judge health.

Second, the remedy for this situation does not lie in more doctors, nurses, and hospitals, but in a rearrangement of the priorities of our society so that public policy addresses itself to human needs.

Much has been said and written about the economic resurgence of the South since 1945 and especially in the decades of the 1960's and 1970's. However, we are not as prosperous as we appear in the Southern region. We are still significantly behind in per capita income, 17 percent. A large proportion of the Nation's poor live in the Southern region. We have 25 percent of the population of the United States and 40 percent of its poor, 60 percent of the Nation's rural poor live in the South and one in five southerners is poor, double the national rate. Both our industrial wages and our per child expenditures for education are the lowest in the Nation.

Our position at the bottom of the ladder is equally solid when we examine health statistics, as one would expect, for health care and economic development are integrally related.

General death rates are 22 percent higher in the rural South than in the Nation. The life expectancy of migrant farmers is 49 years, 23 less than the national average.

Infant mortality rates are higher than the national average for black and white southerners as are the rates for premature births, but in the rural South, blacks have 65 percent higher rates than their white neighbors.

The existing institutions for the delivery of medical care, no matter how they are restructured or paid for, may be irrelevant to the central health issue. All things considered, even acknowledging the remarkable benefits from recent advances in medical science and technology, the health services of the 20th century that have been most influential for improving health have had to do with sanitation, water supply, and food distribution.

The main reason we enjoy longer and healthier lives than our ancestors is not that we possess more effective ways of treating our sicknesses, although in many cases we certainly do, but rather that we get sick less often, thanks to prevention of infectious diseases, the provision of pure water and sanitary sewage disposal systems, and the greater availability of food.

Perhaps the most important public health measure, however, in our history has been the gradual evolution of a society in which people are living better, most people are living better. There is more money for food, family sizes are smaller, work hours are shorter and work less exhausting.

Associated with these advances there have been major advances in the processing, storage, and distribution of food and these over-

all benefits have done more to reduce morbidity and mortality rates and to extend life expectancy than perhaps any other societal endeavor, including those directly related to coping with illness. I think it is likely that the greatest promise for improved health for most populations, including the southern region, in the foreseeable future, continues to relate to the possibilities for improved nutrition.

Now, there are many initiatives that might improve nutrition. They include the regulation of advertising, improvement of housing, public education about diet and nutrition; but none of these are going to be effective in the absence of an effort to increase the availability of food.

We took an important first step in 1974 when Congress extended the food stamp program to cover all those eligible for help in the entire United States.

Other programs have been added and liberalized. They have made a significant difference in the nutritional and health status of people they have reached.

We can document decreases in illnesses, in infant and maternal deaths, and in the incidence of iron deficiency and anemia.

Carefully controlled studies in a poor population have revealed that a 15-percent increase in dietary energy during pregnancy and the early months of infancy produced larger children who demonstrated improved learning ability over a population who had not received dietary supplement. The children evidenced improved growth, increased head circumference, and a decreased incidence of nutritional anemia. These are important measures of improved health.

Unfortunately, none of the existing food programs, either singly or together, has proved sufficient to deal with the problem of hunger. The programs are administratively clumsy, often demean people, and have never reached more than 60 percent of the people they were designed to help.

During a time when food prices are rising and the need for the program is probably greater than ever before, what we need is a system that will deliver food in adequate amounts to people who need it.

I don't know of any proposal that will accomplish that objective short of a full-employment program that guarantees a job, with adequate pay, to every person who wants to work and, of course, this has to be supplemented by financial assistance at a realistic and humane level to those who, for a variety of reasons, cannot work and do not have money to buy enough food.

In the absence of such a national policy of full employment, it seems to me the new food stamp law now being implemented represents an unparalleled opportunity to assure an adequate diet for all needy Americans.

The Congress, the President and the Secretary of Agriculture should give it their full moral, political, and financial support. There is no necessity for apology or defensiveness, for the program does more to lengthen and strengthen the lives of disadvantaged Americans than any other noncategorical social program and it is virtually the only Government aid offered to the working poor.

In my opinion, Mr. Chairman, it is also the most valuable health dollar spent by the Federal Government, excluding medicare, better than heart, throat, cancer, medicaid funds.

It is inconceivable to me that the Congress, which has reformed the program to allow greater participation by the most needy, would consider not allowing sufficient funds to insure them an adequate diet.

This is a matter of self-interest. The social costs of 30 million poor and near poor in our midst are enormous, particularly in terms of the loss of human potential, lost forever to malnutrition and, second, in terms of operating expenses wasted in the support of battalions of caretakers.

There is also another side of this coin. In this overfed country, it is almost foolish to ask whether hunger has serious consequences. Surely, even a negative answer would not lead us to conclude that it is all right for people to remain unnecessarily hungry. The reason for feeding disadvantaged children and their families in the richest country the world has ever known is because they are hungry.

There are basic questions to be answered about who will receive food assistance and how large the benefits will be. More importantly, there are questions to be answered concerning how we view ourselves and each other and what lengths we are willing to go to to eliminate poverty.

Arnold Toynbee once said:

I do not think our civilization will die that way. I think it will die when we no longer care.

My assumption is that you gentlemen care. I urge you, therefore, to use your full influence to remove the economic and administrative barriers to full participation in the food program by those eligible.

My hope is that we shall find the wisdom and the will to eliminate poverty from this Nation. This is an achievable goal and, when reached, its benefits will accrue to us all, not just the poor, and there would no longer exist the need for a food assistance program.

Thank you.

Senator McGOVERN. Thank you, Dr. Wheeler.

Mr. DUNBAR. Senator Cochran has already described Dr. Aaron Shirley, who will speak next. He is head of the Jackson-Hines Comprehensive Health Center, one of those very few fine projects that the Government sponsored.

Dr. Shirley.

STATEMENT OF DR. AARON SHIRLEY, PROJECT DIRECTOR, JACKSON-HINES COMPREHENSIVE HEALTH CENTER, JACKSON, MISS.

Dr. SHIRLEY. Mr. Chairman, Senator Dole, and Senator Cochran, I appreciate those very kind words. It is very easy for all of us to comprehend the recent tornado disasters of Wichita Falls and the Pearl River floods in Mississippi.

All of us support disaster relief efforts, including the provision of emergency food stamps for the victims.

We recognize the tornados and the floods have reduced many of the victims to a life of practically nothingness. Many have no food, and they would certainly go hungry without the food stamps. This is very easy for all of us to comprehend and to understand.

Well, the same spectrum hangs over the lives of thousands of other people who weren't flood victims, but were poor. And these are people who, without food stamps, would wake up every morning to a disaster of a day without food, a day in which the children would go hungry.

My current work, as in the past 12 years, keeps me in daily contact with people who depend almost solely on food stamps for survival.

I see daily firsthand the empty shelves of refrigerators, especially toward the end of the month. I see anemic children and many hungry, lonely older people. Our program provides a wide range of health services to approximately 20,000 individuals in Hines County. Most of these people are poor.

Twenty-five percent of the children that we see for the first time who are not participating or whose families don't get food stamps or participate in a food assistance program are anemic.

This contrasts to only about 5 percent of the children that we see for the first time that are anemic who are participating in various food assistance programs.

We find that our older patients who are fed one hot meal a day, through some of our efforts, respond much better to medical therapy, actually require much less medication and fewer doctor visits.

I see firsthand the low birthweight permanently brain damaged infants whose mothers could not participate in the WIC program, but I also see some happy, bright-eyed babies whose mothers do participate in the WIC program and whose infants participate in the WIC program.

There is no doubt in my mind that the food stamp program and other food assistance programs have made a difference between a poor family being constantly hungry and chronically malnourished, or a family who receives food stamps, who receives benefits from the WIC program, whose children receive free lunch or reduced-price lunches and free breakfasts. There is a difference made by the food stamp program and other food-assistance programs.

In some instances, I think the difference is even a matter of life or death; and I call upon you and your colleagues to maintain the programs, especially the food stamp program, at its current level or increased, in order to make up for inflationary problems that are eating budgets of poor people that that program is serving.

As a practicing physician, I am reminded of a very familiar, I guess it is, oil filter commercial in which it is stated, "We pay now or we pay later."

The cost that we would pay now would be much less than the later cost that would have to be spent rehabilitating people who have been hungry for most of their lives.

Thank you.

Senator McGOVERN. Thank you, Dr. Shirley.

Mr. DUNBAR. Mr. Chairman, our final commentator is Dr. Gordon Harper, a pediatrician and child psychiatrist on the staffs

of both Harvard Medical School and Children's Hospital Medical Center in Boston.

STATEMENT OF DR. GORDON HARPER, HARVARD MEDICAL SCHOOL, AND STAFF PSYCHIATRIST, CHILDREN'S HOSPITAL MEDICAL CENTER, BOSTON, MASS.

Dr. HARPER. I would start by reiterating the conclusions that other speakers have presented; namely, that we did see in 1977 a striking decrease in the number of grossly visible signs of malnutrition.¹

The difference, as we emphasize in our report, did not seem to be due to an overall increase in the economic level of the communities we visited, because conditions economically were as bad or worse than they had been in the early seventies. The difference was attributable to the food stamp program.

The second conclusion was that Federal food programs, while significant, were far from adequate. One could infer this from the numbers alone, since the so-called thrifty food plan, which is the basis for food stamp planning falls short by about \$60 a month of what would be required for minimally adequate nutrition. In this context, "thrifty" seems a euphemism for "inadequate."

In addition to this statistical evidence, we found in 1977 widespread clinical evidence that the programs, while making a great difference, were not fully adequate. We found many households with empty or nearly empty kitchens, clearly inadequately feeding the small, thin children of the household, who frequently had a history of nutritional anemia.

We found occasional homes where a thin or listless child reminded one of the gross malnutrition seen much more frequently in 1967.

We presented these impressions to the nutrition hearings of the House Committee on Scientific Planning and Coordination in July of 1977.

In preparation for today's hearings, I revisited last week one of the areas we saw in 1977, Floyd and Pike Counties in eastern Kentucky. I was especially interested to see what the revisions of the 1977 law, the simplified food stamp application procedure and the elimination of the cash purchase requirement, had made.

In several days there, I visited families both near the highways and back up in the "hollers" of this very beautiful area, very rich in coal, but with many poor people.

I would like to relate some of the impressions from this most recent visit.

First of all, quite apart from the food assistance programs, I must report that the burden of undiagnosed and serious, untreated illnesses, or of illness which has been diagnosed but not treated, often for lack of money or transportation, that one encounters in a survey of this kind is simply overwhelming to me as a doctor.

In one home in Pike County I visited a family where five of seven members had such illnesses: endocrine disease, respiratory disease; development delay. I know this is a matter for another day, but I feel it would be inappropriate to pass over it entirely without any mention.

¹See p. 40 for the prepared statement of Dr. Harper.

With regard to food stamps, I found, as in 1977, that food stamps have made a critical difference in eliminating in most places the most visible forms of malnutrition. I saw, quite simply, dozens of homes where the only food is that purchased with food stamps.

In the areas I visited access to food stamps appeared widespread. I saw no one who did not know of the program, but I saw many who were entitled to it but did not know of the WIC program.

The administrative reforms of the 1977 law have clearly made a difference. No one spoke, as many did 2 years ago, of the cash purchase requirement as an obstacle to participation. For many, however, administrative ignorance of the details of the law, or incompetence or evasion, do continue to be such an obstacle. Many families had obtained food stamps, or reobtained them after being cut off, only because of vigorous advocacy by the legal services staff.

I think the existence of such a situation must be of serious concern to Congress, since it clearly frustrates the legislative intent.

Second, as before, the nutritional effect of food stamps is far from adequate and certainly leaves no room for economizing or cutting back. To do so would, I am sure, produce very quickly the kind of gross malnutrition seen so frequently in 1967.

To be specific, the universal impression is that food stamps do not last the month. In nearly every house we visited where there was no other income source to buy food before the next issue date, the only food visible might be flour and occasionally some potatoes.

People were candid in saying their monthly costs for food are closer to the low-cost food plan than to the thrifty food plan. I emphasize that this situation obtains despite a great deal of individual effort in the families I visited, particularly those who were gardening or raising their own food and fishing.

For example, in Mud Creek, Floyd County, Ky., I saw a man and his wife, both in their late twenties, who have an 11-year-old daughter in school and three younger children at home. They had chickens in the yard and they were fishing.

Food stamps, they pointed out, run out the second week of the month and they are continually in debt to the neighborhood storekeeper. The only food in the house was flour. They were embarrassed about what they ate for breakfast, and with regard to lunch, they said, "We simply go without."

The children appeared superficially healthy and lively, so that one might speak here of adequate nutrition, but it turns out not to be so. The 11-year-old daughter, the doctor told them, is 10 pounds underweight, with anemia, two of the younger children have respiratory illnesses complicated by anemia, and the baby has gastroenteritis. These illnesses are more likely in the precarious nutritional state of this family and they carry an increased risk of mortality in that compromised nutritional state.

Another example was a nearby family of a disabled miner, his wife, mother-in-law, and five children from ages 1 to 12. The only food in the house was flour and potatoes. The food stamps run out after 2 weeks. The mother, grandmother and two children were at home. The 2-year-old suffered from asthma, had difficulty sleeping and was wheezing. His limbs had the decreased muscle bulk char-

acteristic of malnutrition and his hair was thin, and of light color, likely reflecting protein deficiency.

The irony is that this family was living up the hill from a well-stocked rural food store. But at least this one child in the family, I would say, had chronic malnutrition, carrying with it decreased resistance to infection and a high risk of death.

Another example came to mind when Dr. Wheeler referred to Head Start. Children in the Head Start program we saw in Mississippi were alert and lively when we were there in June. But when they came back after summer vacation, we were told, a significant number of them show signs of having missed without the extra food they got in the Head Start program. They would again have nutritional anemia and be listless and less lively. They had been living in the intervening months on the food available in their homes year round to their siblings and to their parents who were not in Head Start. This is another reflection that food supplies in the home are marginal at best.

Many other families had food stamps literally as their only income.

I spoke to a 20-year-old unemployed miner with a wife and baby who, since December, had been laid off. He had been living literally on \$150 a month in food stamps as his only income since that time. The kitchen had milk and flour furnished with food stamps and their baby looked as if he had been getting enough to eat. He looked robust and healthy. Many others, waiting certification for disability, would have nothing but food stamps to live on.

One woman we saw had recently sold a refrigerator in order to obtain money to buy food. We spoke to one man who, in order to pay his debts and have money for food, had borrowed \$500 that he was going to repay over 2 years at what came out to be about 60 percent per annum rate of interest. This appears to be an economic reality when it comes to food and when it comes to poor people in Pike and Floyd Counties.

I would emphasize I saw these things on a brief trip, visiting, for the most part, people already known to Kentucky Legal Services. From other trips, we have learned there are others not reached by such services, and less likely to be visited, who will be in even greater hardship than these families.

I think the statistics that only one-half, nationwide, of those eligible are participating is consistent with this impression.

Those seen, it is clear, are far from being adequately or overly nourished. In this setting, to hear of a proposed reduction in the present spending program is madness.

Let me digress for a minute.

I came to this brief trip from clinical work in Boston with adolescents suffering from a psychiatric disorder, anorexia nervosa, or self-imposed starvation. That would appear at first to be far from the problems of food stamps and rural hunger but I realized there is a parallel. For one of the impressions that such patients make on you after a while is that despite how well they do in other areas of their lives, often excelling in school and sports, and despite the apparent rationality with which they negotiate endlessly about what they will eat and what their bodies need, all the while growing thinner and thinner, you realize that with regard to eating,

with regard to permitting themselves to see what their bodies need and then permitting themselves to have it, that these individuals are, plainly speaking, crazy. Accurate and precise perceptions of our nutritional needs, so basic to us, have become captive of a circumscribed insanity which would subordinate the body's reality of hunger and feeding to a distorted mental construction.

At this point, I expect you will see the parallel. In my view, in the face of evidence that Americans are living as we have seen them, in evident hunger and marginal nutrition, to talk of a "cap" on food-stamp spending, much less of a reduction in benefit levels, is such a deviation from given biological needs, as to be similarly a form of madness, circumscribed, perhaps, but madness nonetheless.

I would make the following suggestions:

One, far from reducing or capping the level of appropriations, present food-stamp levels, though they have made the difference between the large numbers of children and adults with overt malnutrition seen in the sixties and what we see now, are still far short of the lowest level of adequate nutrition as defined by the Government. They should be increased.

Two, because of the frequency with which one hears of administrative errors, with benefits denied and then being restored only because the denied person obtained help from community advocates knowledgeable in this area, it seems that the onus of fair and accurate administration should fall on the agency, not on the client, and that in addition to back payments, the administering agency should be liable for penalties in cases of wrongful benefit denial.

Congress must come to terms with the fact, as Mr. Dunbar related before, that the adversary attitude encountered by poor citizens applying for legally entitled benefits, originates in the statutes enacted and the regulations promulgated here in Washington; and until something is done here to shift the balance, then delay, obfuscation and outright misrepresentation will continue, all resulting in unlawful benefit denial.

One might paraphrase Justice Marshall, to say, "Benefits delayed are benefits denied," except that here, because of the long-term effects on the developing child of malnutrition, one must add, "Benefits denied are also damage done."

Three, it is clear that malnutrition should be made a reportable disease so that the Government can begin to undertake the role, which in the last 10 years has been spearheaded by private resources, of informing the Nation and Congress of how far we have come and how far we still have to go in eradicating this national disgrace.

Four, I would also recommend that junk food and soft drinks be removed from the food stamp list of allowed foods, both because of their negligible value and their role in dental caries.

Finally, since my impressions of poverty and malnutrition are from two of the richest coal-producing counties in the Nation, I must end by remarking that we consumers, no matter what the quoted price per ton may be, get our coal and, therefore, much of our electricity, cheap. The hidden costs are borne by the scarred hills and poison waters of Appalachia, by the injured and disabled bodies of the workers, and by the developing of the minds and

bodies of the children in this area where human services of all kinds are so far behind the standards any western country would set for itself.

In this part of the country—and I suspect in others—the food stamp program is a terribly significant part, though only a part, of our paying some of that cost. To dismantle it would be a terrible tragedy.

Thank you.

Senator MCGOVERN. Thank you for your statement, Dr. Harper.

Dr. Wheeler, when the power comes back on, there are a couple of paragraphs that I would like to have you repeat. One is the third paragraph on page 3 where you summarize the differences of what you saw in 1977 over against 10 years earlier. The other is the last paragraph on page 4 where you talk about the actual savings to the public in the long run on the funds we invest in feeding hungry people.

I have often been impressed by that Budget Bureau study that you referred to that indicates that for every dollar we fail to spend feeding the hungry, it is actually going to cost us three times that down the road in terms of sickness, the loss of productivity, the handicapping of people, the resulting ineffectiveness.

I came across a remarkable statement the other day from Albert Einstein in which he said, "A hundred times a day I remind myself of what I owe to the labors of other people." Well, one has to think of the reverse side of that.

What does it cost us every day in loss of useful work on the part of people who are disadvantaged or unemployed or unable to function one way or another?

I gather the thrust of your statement is that society pays a very heavy cost in lost income, lost productivity, lost creativity as a consequence of hunger.

Dr. WHEELER. I noticed a statement not long ago in a speech. Frank Carey, who is chairman of IBM, talked about the threat of inflation in the country; and he was identifying, as one of the major causes of the inflationary cycle, the low productivity rate of workers in this country. He may not have been thinking about the same kind of low productivity, but nevertheless, restoring 25 to 30 million people who now have less than optimal productivity to full health and full productivity might have a significant impact on the economic future of this country.

Senator MCGOVERN. If you would repeat those two paragraphs that I referred to, I would appreciate it, the one on page 3 and the one beginning at the bottom of page 4. I think it is important that those then get in the public media record, as well as in the hearing record.

Dr. WHEELER. When one visits the Head Start centers that we saw and examines the children, even cursorily, there can be little doubt that significant change has occurred since 1967. The children of the poor were healthy in appearance, lively and responsive in their interactions with each other and with their teachers.

Nowhere did I see the gross evidence of malnutrition, the omnipresent evidence of acute respiratory illness, and the evidence of apathy and weakness among young children that we saw in 1967.

The teachers I questioned reported very few problems with illness among the children during the entire school year.

It is important to understand that the effects of inadequate food, bad housing and poor medical care are not confined to the poor but they directly determine the strength and vitality of our society, the amount of wealth we produce, and the incomes we enjoy.

More than 10 years ago, the Office of the Budget calculated that for every dollar we fail to spend feeding hungry people, it costs our Government over \$3 in payment of sickness care, lower productivity, so-called handouts to the disabled. I suspect these figures are equally or even more applicable today.

As Robert Claiborne wrote recently:

A balance sheet of the dollar costs of poverty, versus dollar cost of ending it, might well show that even in purely economic terms, humanity is the best policy.

Senator McGOVERN. Thank you for repeating that, Dr. Wheeler. I think it is important to emphasize those points.

Mr. Dunbar, just on a rather light-hearted note, but also for the benefit of the record, I am going to do something I rarely do and that is to defend the Nixon administration. While I accept what you say, that it was as a result of a congressional initiative that most of these gains have occurred, nevertheless, many of the great gains did occur in the period from 1960 to 1976. That was really when the war on hunger was declared by the administration. The White House conference was held in 1969, which was a turning point and the food stamp participation climbed from about 2.8 million in 1969, to 18.5 million in 1976.

We have tried to stress the bipartisan character of these efforts. I make that observation in passing.

Mr. DUNBAR. I would say I was careful to date my remark back to 1967.

Senator McGOVERN. Yes; I took note of that.

Doctors, the report being released today by the Field Foundation makes this statement:

Our first and overwhelming finding is that there are far fewer grossly malnourished people in this country today than there were 10 years ago.

I am wondering if any of you can give us a rough percentage estimate of what the reduction represents. Maybe a better way to come at it is to say that you stated 10 years ago there were 10 or 15 million hungry people in the United States.

What is that figure today, or does anybody have an estimate?

Dr. WHEELER. I don't have an estimate. The figures are so compelling and describe the problem that about all I can do is to tell you that of that 25 to 30 million people that we know earn incomes below the poverty level, all they have, without some kind of food aid, would not be able to purchase adequate diets and there are 18 to 19 million, I think, participating in the food stamp program at the present time, which would leave certainly another 10 to 12 million persons who need some degree of assistance in the food stamp program.

How many of those would have overt hunger or malnutrition or how many might be affected in less direct, less obvious ways, by the inadequacy of their income and, therefore, the inadequacy of their diets, I cannot say.

This is another reason that I think Dr. Harper's point about malnutrition, for malnutrition to be a reportable disorder, is well taken; because we don't know all the facts.

Senator McGOVERN. Does that point up the need for an ongoing nutritional survey in the United States?

One of the committees was shocked about 10 years ago to learn that we know more about the nutritional status in some of the developing countries as a consequence of surveys that we helped to fund than we do about the status of nutrition in the United States.

Is that still true?

What is your feeling about the need for more careful and ongoing reevaluations of the nutritional status of the American people?

Can any of you speak to that point?

Dr. HARPER. I think there is a great need and I think there is a place for congressional action to locate the responsibility for that kind of a surveillance at the local level. It is very striking in place after place to see that the active outreach in locating families who haven't heard about the program or who are having trouble obtaining benefits is being done by the private sector, by the kind of organizations Mr. Dunbar referred to before.

It is not clear to me why this shouldn't be a part of public health responsibility of the State and local governments, even of the Public Health Service, in the same way that we are looking for, say, certain unusual infectious diseases, whose effect upon large numbers of people is trivial compared to the effects of the conditions we are talking about here. When we first started defining reportable illnesses, the major health threats were infectious diseases, but today the nutritional conditions we are talking about here are a major health threat to the country now and deserve the same kind of mandated reporting and surveillance.

Senator McGOVERN. Senator Dole?

Senator DOLE. First of all, I appreciate the statements of all the expert witnesses. I think Senator McGovern properly emphasizes the economic aspects of the program and, as you and others have projected what it might mean.

We hear a lot of talk in the Congress about which health care programs we are going to have, whether the \$20 billion model or the \$120 billion model. Based on statements made by nearly everyone on this panel, it seems to me that we may be focusing, at least in part, on the wrong target. If we can convince our colleagues who still resist much of the food stamp program of its economic benefits, that would be helpful. I think your slogan, "Pay now or pay later" is appropriate.

When you went back to do your study, did you have certain families in mind, or did you try to follow a particular child for 10 years, say from age 3 to age 13?

How was the progress assessed? Was it obvious, or were there actual surveys made where hundreds or thousands of people who participated before were surveyed again?

Dr. WHEELER. We made no surveys in the scientific sense on our second trip to look at hunger. We did very little in the way of physical examinations in contrast to the earlier trip where we did

have the opportunity and took advantage of the opportunity to examine a lot of people, adults and children.

The trips were in generally the same areas. They were shorter. They did not involve necessarily the same people that we had seen on the other trips. It is hard for me to convey to anybody who wasn't with me the overwhelming impact of walking into a Head Start center in Mississippi in 1967 and just standing in the door and looking at the children and comparing that, in my own mind, with exactly the same activity in 1977. There is no question about it. It is a different world, really.

Housing, plumbing, and jobs are just as bad in 1977 in the Mississippi Delta as they were in 1967, but there was a difference in appearance of those children.

I think Dr. Shirley can tell you very accurately that we saw the children who were participating in the Head Start program back off in the hollows and in the woods. There must be a lot of them that aren't getting the advantage of that additional nutrition. I don't know.

Do you?

Dr. SHIRLEY. I don't know how many. It is fairly easy to see the contrast in the children who participated in the Head Start program and various health programs; because these programs serve as advocates for not only the individual but for the family and the children.

As we see them for the first time, if they are participating in an organized day care Head Start program, or a similar program, the status of their health is much better than the ones that we see who are not participating. It is almost predictable.

Twenty-five percent of the kids who are not participating are anemic. Only about 5 percent of the kids who are participating are anemic.

Senator DOLE. How do we address the question as to whether hunger results from malnutrition or in some cases unfortunately to ignorance? You could provide all the food in the world and there still wouldn't be proper utilization.

We have had testimony about the child participating in a school lunch or breakfast program as compared to other children who are still at home. There is a marked improvement, and we have tried to work into the food stamp program a nutrition education component.

Also, as you are aware, for the first time, we have about half a million nutrition education programs in the schools.

How do you address that problem of trying to inform the mother, or head of the household, about the very basics of nutrition? Did you find that a problem in your survey?

Dr. HARPER. I think that is invariably a problem. I think the study Mr. Kotz cited before about the similarity of food-purchasing practices of the poor and of affluent families is important.

I think there is a place in this program for nutrition education and for outreach. I think that Dr. Shirley's point about the relevance of being connected to something like Head Start for the nutritional and health well being of the family can't be emphasized enough.

In many places, we digress from nutrition into other aspects of poverty. Add to the food stamp program, beef up the outreach program and the nutrition education program and the funding level. That is how I would address that.

Senator DOLE. I think probably it was Nick Kotz who said the food stamp program is an easy target. You can find some abuses, as you can in any program, whether you have 10 people participating or 10 million, 10 million persons results in more abuses to the program, and creates barriers which we encounter in any effort to expand the program in the Congress.

The inference is that we pick out the worst case scenarios and, of course, on the other hand, they pick out the worst case scenarios. There is a change in attitude in the Congress, and I think it has a lot of support.

Nick, when you looked at Congress and the changes it has made in the food stamp and other food programs, you pointed out in your book there is a whole host of programs we didn't have 10 years ago which indicates a great deal of acceptance.

Some think we ought to repeal the elimination of the purchase requirement because too many people have come into the program. Others would like to impose a flat cap and reduce everyone's benefits across the board.

Senator McGovern said the benefit is now about 33 cents per meal per person. It is a difficult situation in the face of budget constraints that we have.

I don't know whether that is a question or a comment.

Mr. Korz. I think it is obvious, but is so obvious that we miss it. There is a very important job of public education which needs to be done about the effect of these programs.

Ten years ago, I wrote a book, "Let Them Eat Promises," which was a story of the opening politics of these issues. I am stunned today when people come up to me and say, "I read your book. Isn't it terrible that nothing has been done about this problem?"

That is a constant comment I hear. I hear it from young people who have read the book in college. I hear it from Members of Congress. So it seems to me that it is very, very important that somehow the message be gotten across to the public as well as to our colleagues, that there are programs from the sixties and seventies that have worked, in which there have been enormous payoffs in terms of increased health.

Now, whether that is going to make a political difference or not I don't know, but it is just a simple matter of education. I think that it is important that people understand that these are not the failed manpower programs or housing programs; that these programs not get tarred with the same brush that accurately or inaccurately has been applied to many programs of the sixties.

Senator DOLE. I assume there is no direct relationship to the increase in the purchase of farm commodities, which should have some impact on rural legislators, when people get money to buy food and the food is produced in Kansas, Mississippi, Iowa, and South Dakota. I don't know if any study has been made to see what the food stamp program has done to farm income. It has to have been helpful even though farm income isn't very high. But if you

take away \$6 or \$7 billion of purchasing power it will have some impact.

Senator McGOVERN. There is one point I want to clarify. When I was asking you about whether we cut in to \$10 or \$15 million, the number that we were using in 1967, you indicated that there are 10 or 13 million hungry people in the country, at least, although that is a curbstone estimate. But I take it that the thrust of all the testimony here today is that you don't have the kind of grossly malnourished numbers that we had 10 years ago.

While there still may be people with inadequate diets, you don't see these flagrant types you see in the pictures around the room that Robert Choate has furnished to the committee.

There has been great improvement in the status even of the people that we still classify as malnourished. Is that correct?

Dr. WHEELER. Yes; I think it is certainly correct. But there has been a dramatic decline in the amount of overt hunger and malnutrition that one can find.

As indicated in my testimony, one has to be considerably more sophisticated these days to identify most of the problems of malnutrition that exist. It is difficult to identify by simple inspection some of the more indirect forms or consequences of malnutrition, such as height and weight of a child unless you know and can plot him on a chart along with his normals.

But I am certain there are still many there who, while not as overtly ill as we saw, but still need our help and are not getting it yet.

Mr. DUNBAR. This problem of hard data is a tough one. I don't know how to deal with it, Senator. I think even the Ford Foundation can't afford to count those numbers adequately.

Nick, in his report, beginning at page 11, details or summarizes the efforts by the Government to provide hard data, beginning with the old 10-State survey. It is still an unfulfilled effort.

Mr. Chairman, I am going to ask if I may be excused. I have an airplane to catch. These gentlemen, anyhow, are the people you want to talk to.

Senator McGOVERN. Thank you for your appearance. We deeply appreciate what the Field Foundation has done for the Nation.

I have one final question of Dr. Harper or anyone who wishes to comment.

We are operating under the so-called Thrifty Food plan, which comes out to about 33 cents per meal per person under the food stamp program.

Do you think the way the plan is constructed that it provides adequate food for the families that are participating in the food stamp program, or should we have a somewhat higher set of guidelines?

Dr. HARPER. I certainly do. I think we have produced some impressive evidence, that you can't feed a family on that level; but I think in the report Nick Kotz has cited the study done, on page 22. There is a reference, page 21, to a study done in Philadelphia last year which showed that a mother of two teenage children will have to spend \$60 a month more than the food stamp allotment in order to attain minimal adequacy from the nutritional point of view.

I think somebody like this has done their homework in terms of figuring out what the cost is per item. But certainly the overwhelming impression from the field is there are a lot of families testifying to the same fact.

Senator MCGOVERN. Is it fair to say this is a very lean program; there is not much fat?

Dr. HARPER. Very lean.

Senator MCGOVERN. We get this story of people loading up their supermarket baskets with fancy cuts of meat. I never see any evidence of that. I watch the supermarkets and I see food stamp recipients being very careful on what they pull off the shelves.

I am sure there must be some abuses, but I think they are rare exceptions to the rule.

Senator DOLE. May I ask one question?

Dr. Harper, in the school lunch program we approved an amendment to give the department head authority to regulate so-called junk foods.

Should that concept be extended to the food stamp program to prohibit purchase of non-nutritious foods?

Dr. HARPER. I would put that under the category of nutrition education.

Having junk food on the food stamp list takes away from the purchase of nutritionally sound foods.

Senator DOLE. There is a contradiction when in one Federal program you can't do it, but in another Federal program you can. Of course, that is not unusual.

Senator MCGOVERN. Thank you.

Dr. Mayer, it is always a great pleasure to see you.

Dr. Mayer has been helping the committee, both in the progress that has been made in the last 10 years and also regarding some of the pitfalls in the program. He was certainly here at the beginning of all of these efforts and it is always a pleasure to welcome you to the committee.

STATEMENT OF DR. JEAN MAYER, PRESIDENT, TUFTS UNIVERSITY, MEDFORD, MASS.

Dr. MAYER. Thank you, Mr. Chairman, Senator McGovern, and Senator Dole.

In many ways, what I have in my brief testimony has been said in other words by our friends of the Field Foundation; but I will be brief and I will perhaps comment on some of the points that have been made earlier.

Indeed, you mention the fact that I have been here from the beginning.

In December of 1968, I had the honor to be the first witness to appear before the newly created Senate Select Committee on Nutrition and Human Needs. It was then my melancholy privilege to present a broad outline of the nutritional status of the American people.

Our problems are grave. A large number of our fellow citizens, situated economically in the lower fifth of the Nation, were too poor to feed themselves properly under the conditions in which they lived.

The Department of Agriculture estimated that a minimum of \$106 a month was required to provide a sound diet for a family of four.

Quite simply, many of these people did not have \$106 a month to spend on food. Government and university studies had shown repeatedly that many had highly inadequate intakes of a number of nutrients. Anemia, growth retardation, accidents of pregnancy, were seen frequently among the poor.

Kwashiorkor and marasmus, gross deficiencies of protein and calories, common in underdeveloped areas of the world, were documented by physicians in the poorest sections in our own land.

Among migrant workers, deprived of most of the benefits which protected the rights of other workers, the infant mortality rate was 63 per 1,000, the incidence of stillbirths, 70 per 1,000—statistics that compare with those for inhabitants of underdeveloped countries.

The annual average income of migrant workers in Colorado was approximately \$1,880 per family. Yet, it was not health professionals or Federal agencies who first brought the disgraceful state of hunger and poverty in the United States to the attention of the American people. It was Martin Luther King and his Southern Christian Leadership Conference who, dedicated to bettering the lives of poor blacks, began to generate a climate of concern for all poor Americans.

As awareness grew, a "citizens' board of inquiry," referred to earlier, sent scientific investigators throughout the country to identify those areas where malnutrition had become a way of life.

It became clear that every section of the Nation, every ethnic group, was involved: The rural poor in the ghettos of our big cities; Indians on reservations; some 400,000 migrant and seasonal farm-workers; Alaskan Eskimos; wards of our Government in Puerto Rico, the Virgin Islands, and Micronesia. The worst off were those who, historically, are always the most vulnerable—infants and young children, pregnant and nursing women, the elderly.

A number of concerned organizations, with the support of the Field Foundation, banded together in the National Council on Hunger and Malnutrition in the United States, of which I was elected the first chairman. Senator McGovern, Senator Clark, Senator Hollings, and Senator Robert Kennedy, among other Members of Congress, took up the cause, very soon joined by Senator Dole.

Dedicated people like Leslie Dunbar, Walter Reuther, and Dorothy Height, spoke to the problem all over the country. Pioneering books and articles, Nick Kotz' "Let Them Eat Promises," for example, began to appear.

Finally came the turning point: The CBS Report, "Hunger in America," based on the findings of the board of inquiry and the National Council on Hunger and Malnutrition, was aired twice in prime time to an audience of some 20 million people. The Nation was shocked into the realization that hungry Americans could no longer be ignored. In June of 1969, President Nixon issued the call for the first White House Conference on Food, Nutrition and Health, which I was appointed to organize and chair the conference.

Mr. Chairman, I was very pleased that you mentioned the role of previous administrations, but particularly the Nixon administration.

The profound change that was made from previous recipients, going from half a million recipients of food stamps, to 19 million, certainly would not have taken place without the relentless efforts of the committee, of which you were chairman, but it also wouldn't have taken place without the wholehearted cooperation of the administration.

Incidentally, I have often thought what is, indeed, the shocking ignorance of our people, and particularly our young, to the enormous progress which was achieved in the food area, where an important social problem was not eliminated, but was decreased to the point that someone says, "It is just not the same condition as marginal nutrition is concerned."

A great deal of that ignorance was due to the fact, if you will pardon me saying, that in 1972, the two people who had most to do politically with the food program and the hungry; namely, Senator McGovern and President Nixon, ran against each other. So there was no particular reason for either one of them to mention the progress in the food program as an issue which had been a burning issue in 1968 was basically ignored in the campaign because of who was running against whom.

I would agree with what was said by Nick Kotz. The Nation was the loser, not being educated to the fact that we can solve some problems. We can make enormous progress on some problems. The cynicism that I see in the younger generation that none of those programs have worked, which I think is very dangerous for the future of the Nation, is something which would be avoided and still can be avoided if a better picture is given of the progress of those programs.

Back to my text.

The President's charge to us was to consider five questions:

How to improve the nutritional health of our most vulnerable groups;

How, given our continually evolving technological food supply, to insure that not only the poor but all Americans obtain the greatest amount of nutrients for their money;

How to improve nutrition education at all levels and for all audiences;

How to improve Federal programs that affect nutrition, both directly and indirectly.

As we prepared for the December conference, we knew that participation in Government food programs had dropped by 1.4 million people in just 6 years.

In 1967, there were 8,876,700 families, including one-person households, who were below the accepted poverty line—in total, some 29,900,000 persons. Only 18 percent were covered by either of the two main food programs, commodities and stamps, and the majority of these were not the poorest.

Of the 6 million very poor children of school age, only 2 million at the most received free lunches. About half were required to pay full price, like the 24 million middle-income children who partici-

pated in the program. Many of the poorest areas in big cities had no school feeding program at all.

Over 300 of the poorest counties had no feeding programs at all because local authorities had not requested them, local authorities.

Some counties discontinued programs during harvesttime to assure an abundant labor supply at subsistence wages. Where commodities were distributed, the program was intended to dispose of surplus foods, not to promote good nutrition.

Among the 23 items offered, only a small number were in fact available. In Boston, for example, bulgur wheat, corn flour, and lard were the main components of a potentially disasterous diet.

Delivery of the food was for the convenience of the authorities, not the recipients. The rural poor were required to collect promptly a month's supply of food, stored in the basement of the county courthouse, which was most likely several miles away. Urban recipients, often the elderly or women with small children, had to carry the total allotment on 1 day from the local welfare office to what might be a seventh-floor tenement apartment.

The food stamp program was too expensive for the very poor. Those who could not pay \$45 in cash on the first day of the month were dropped. Single people could not participate.

Offices were inconveniently located and had short, sporadic hours. Eligibility for welfare was a prerequisite for participation, barring many of the elderly and others who were too proud to apply for welfare. And eligibility, in some sections of the country, was determined at the whim of magistrates who derived their jurisdiction from a patchwork of legislation reminiscent and in direct line of the Elizabethan poor laws.

In calling for the conference, the President had asked that we prepare specific goals in response to his questions. He pledged in return that they would be the basis of action by his administration and the beginning of a national commitment to put an end to hunger and malnutrition among the poor, to make better use of our agricultural bounty and nutritional knowledge, and to insure a healthful diet for all Americans.

The recommendations in our final report were the outcome of deliberations by some 5,000 Americans, representatives of every interest group, from all economic levels and all walks of life, including 400 representatives of the very poor themselves. The recommendations were carefully thought out, designed to be acted upon. Organized follow-up was provided for.

One leitmotif ran throughout the report: That without money, food money such as food stamps and special food programs, or an outright income supplement, there could be no nutrition policy for at least 20 million Americans. These thoughtful and compassionate people, considering the problems of their fellow citizens, reached the conclusion that we must insure some form of income maintenance if other programs—nutrition education, the linking of better nutrition with better health care, provision of nutritious foods—were to be effective.

The findings of many such conferences, as you know, end up as thick reports on dusty library shelves. But not in this case.

Because of completely bipartisan action, because of the determined and dedicated followthrough of administrative personnel in

the executive branch of the Government, because of the deep interest and continuing commitment of so many Members of the legislative branch, the Select Committee foremost among them, so far as the problem of hunger is concerned, America, as has been said earlier, is not the same country it was 10 years ago.

You have heard from the physicians of the Field Foundation who have retraced the steps and repeated the investigations of a decade ago. Let me just cite a few statistics.

In 1968, the food stamp program served 2.8 million people. Today, it is a \$6 billion yearly effort, serving 16 million.

As the conferees had hoped and planned, the program has proven responsive to fluctuations in the economy. At the height of the recession, in 1975, 19 million people were enrolled.

As conditions have improved, the number of recipients has dropped once again. It appears that, under the regulations, very substantial numbers of the poorest of the poor are now being enrolled. There have been more people served in the period of acute recession.

Senator MCGOVERN. I think that is a very important point. There is an impression on the part of our colleagues that the program keeps expanding year after year, without regard to anything Congress does.

As you pointed out, there were 19 million people on food stamps, and today it is between 16 or 17 million.

Senator DOLE. Wasn't there a maximum of 9 million participants in the commodity program at one time?

Dr. MAYER. I think that was 4½ million.

In 1968, 3 million children received free or reduced price school lunches. Today, school lunch is a \$1.2 billion program, serving 12 million. The Federal Government contributes another \$600 million to help subsidize the lunches of the 26 million total participants.

I think it is important to note that all children who participate in school lunch receive help from the Federal Government, not just poor children.

In 1968, about 300,000 children were getting free school breakfasts. Today, school breakfasts serve more than 3 million.

In 1968, summer child care and feeding programs were provided for 140,000 children, in contrast to the 2.5 million served today.

I think it is extremely important to note that this break in food services for children during the summer has, as Dr. Wheeler mentioned regarding the Head Start program, very unfavorable consequences. The requirements of children for nutrients are not decreased during the summer, but are increased as far as calories are concerned because they are particularly more active and we have to find ways of bridging that period in the summer.

Recreation programs and food programs for them is the way to deal with this in at least some of the big cities which have all other sorts of advantages as well.

The WIC program, one of the programs specifically targeted to vulnerable groups that were recommended by the White House Conference on Food, Nutrition and Health, has expanded since its inception in 1974 from a \$14 million program serving 206,000 mothers and children to a \$550 million program with almost 1.5 million participants.

And the elderly feeding programs, Meals on Wheels and community meals, after only 5 years, now serve almost 2½ million of our older citizens. Many of them might well be in nursing homes if it were not for this assistance at a cost far in excess of the \$202 million allocated to Federal programs of nutrition for the elderly.

I think that one point that can't be made enough is the fact that you have elderly people who are in danger of malnutrition because they don't go out, they don't walk well, they don't hear well. They may not see well. They may not be motivated to cook a meal or they may be afraid of the lack of security in a parking lot in the big cities.

A physician dealing with these elderly people and seeing them slowly go down has, very often, no alternative if there is no Meals on Wheels program or if they can't get collected to go to community meals except to be hospitalized at \$200 a day or put in a nursing home at \$50 a day, and the community organized Meals on Wheels is of enormous help.

The problem is perhaps with Congress and the Bureau of the Budget in that single departments apparently aren't able to deal with the economy; that it comes out of another chapter of the budget and expenditures. It is a fact that spending \$5 to \$10 a day will provide Meals on Wheels and you may save \$200 a day, by not having to hospitalize the patient, a fact which is often lost sight of in the mechanics of dealing with expenditures and the budget, which comes under the various chapters.

This is not to say that no American is now hungry or malnourished because of poverty. But it is to say that even lacking the adequate system of nutrition surveillance and the evaluation component in the programs themselves that were recommended by the 1969 conference, it seems clear that the dimensions of the problem have been altered substantially.

While in the sixties it was governmental measures that were inadequate, today it is by and large a failure of State and local outreach.

There are, however, certain measures which I believe we can and should take at the national level.

First, and, I think, the most urgent, is to adjust the food stamp program to reflect the growing impact of inflation. With food prices rising at an estimated 8 to 10 percent a year, and the possibility of an economic slowdown, we cannot afford to risk a substantial cut in food stamp benefits.

Second is fuller funding for the elderly feeding programs, together with some added money for auxiliary programs linking them with preventive health care and nutrition education.

Third, I think it is essential that we continue adequate funding for the WIC program. The evidence that we have thus far indicates that it is promoting better health and nutritional status in the women and children it serves.

I would like to make at this point a suggestion that special attention be given to teenage pregnancies. We have an epidemic of teenage pregnancies and there is no group that is more at risk and that is the group that should be looked at very carefully.

Prevention of illegitimate pregnancies, that only comes through very extensive education; but if people are pregnant and stay pregnant, they need much better care.

Fourth, the Federal Government should do everything in its power to support greater efforts at outreach in the community. In particular, the migrant worker, farmworkers, some Indian tribes and people in our dependencies are still inadequately cared for.

Fifth, a strong, well-planned national nutrition campaign, allied to the concept of preventive nutrition, could help every American, of every economic group, maximize the nutritional contribution of every food dollar. And there, Mr. Chairman, I would say that the new education program should be aimed at every American and not single out the poor.

I heard the question and the answers that were given as regards soft drinks and just as you, Mr. Chairman, were moved to speak of some of the achievements of the Nixon administration, let me say—and I think I am considered No. 1 enemy, or enemy No. 1 by the soft drink industry—I would make a plea for not being too restrictive in the administration of the food stamp program.

I think that it is very different with the school lunch, where they have a program administered by the schools. They have a special function of education. They have got to provide foods which are the kinds of foods that people ought to eat.

There is a danger, I think, if you try to be too restrictive in administering the food stamp program. It becomes very difficult. You have lines waiting at checkout counters. People are irritated by it.

The recipients are singled out and then everybody is aware that they are poor.

Where are you going to stop? I think for us middle-aged men, fat steaks and too many eggs may be more dangerous than a coke. Should we have dietitians and internists at checkout counters prescribing for everybody what they ought to eat?

I would rather resolve the problem of what has been called junk foods by vigorous nutrition education than by additional Government regulation at the food stamp level.

Let me say, to conclude, that in making those recommendations, I have not been insensitive to the need for responsible accounting.

Indeed, as a university president, I am most acutely aware of the pressures of inflation and for fiscal responsibility.

While I believe the record shows that these programs have been extremely effective, there is no doubt in my mind that they can be and should be improved upon. If we are to do so, the first step must be the one we recommended in 1969: A built-in evaluation component, so that we can determine what is being done well and what should be discarded or done better.

At the time of the White House Conference on Food, Nutrition and Health, it was decided, quite deliberately, that our own problems of hunger and malnutrition were so pressing that we should not address those beyond our borders.

Since the world food crisis of 1973-74, it is no longer possible for us to isolate ourselves. Out of the ethical responsibility and national interest, we must help to solve our neighbors' problems of hunger and malnutrition.

Senator Dole and I both sit on a committee on the President's Commission on World Food Problems which is trying to cope with these problems. I think it is very important, if we are going to help those abroad, that we continue to be as we have been, and very largely as you, Mr. Chairman, have been, a model in the domestic area.

World food problems are more complex and more difficult, but they, too, are susceptible of solution if we approach them with the idealism, the cooperation, the careful planning, and the will to make a difference that have thus far characterized the attack on our own.

The bipartisan character of such an attack on the world food problem will be preserved only if one shows a demonstrable effectiveness as regards that factor in domestic programs.

I would like to say, in conclusion, that by all means let us not continue ineffective programs. Let us make sure that whatever money we spend is spent effectively. By all means, let us sort out our priorities.

But it seems to me that what we are talking about here is what any family does in a period of economic stress: make sure that the young, the old, the weak and vulnerable are cared for, and then get going to solve whatever problem is facing them. As members of the great family that is the United States of America, we can do no less.

Senator McGOVERN. Thank you, Dr. Mayer, for another excellent statement.

I was struck by the point you make about how many times we look at the cost of one particular part of the budget without looking at the savings that it produces in other parts of the budget.

I generally support the new budget process because I think it has helped to rationalize that procedure. But I have noticed, this year particularly, more and more people talking about funding 500 sections of the budget, or funding 600; and we are still putting in whole things without looking at their interrelationship.

I think that is one of the problems they have in setting priorities. They don't always look at the impact of one program on other aspects of the society.

So I hope as a consequence of this hearing today we will sharpen this emphasis on evaluating the impact of what we are doing in the nutritional field over against what it does in reducing those disease costs later on, unemployment costs, ineffectiveness, loss of productivity. All of those things are difficult to measure but would doubtless have a direct relationship on nutrition.

Dr. MAYER. I have no doubt the most effective thing we could do as regards the health of the Nation is the elimination of malnutrition among the young and continuance of improvement of the food programs we now have, especially the food stamp and WIC programs, and enormous efforts of nutrition education of the type that was initiated by the select committee as regards the relationship of nutrition to cardiovascular disease and cancer.

Senator McGOVERN. Looking back on the 1969 White House Conference that you chaired and coordinated, Dr. Mayer, where do you believe we have done the best in terms of implementing the goals

set up at that conference and where ought we do better—just by way of a summary?

Dr. MAYER. Mr. Chairman, I have some quizzical views of what happened there. Exactly the opposite of the priorities which I thought would be followed did in fact take place. I thought those recommendations having to do with nutrition and health would be the most vigorously implemented because, basically, they cost very little Federal money; and then I thought some of the consumer aspects might be taken care of and I was very skeptical that a great deal would be done on poverty and nutrition on the hunger programs.

What in fact happened was the hunger programs were pursued very rapidly and very vigorously and I think by and large we have been very successful.

The consumer programs followed and moved more slowly. Those areas having to do with nutrition and health were the ones that have been the slowest to get going and are still resisted vigorously by a number of organizations, commercial and medical and public.

So I hesitate to pose as a prophet of what should and will happen next.

As regards the poverty programs, the Federal Government has moved energetically and well, and has to be fairly constantly pushed to do it by Congress, but certainly it has worked well.

I think what we see at this point is that where programs don't go well, it is because of a deficiency of local government or State government, or the weakness of many of our social agencies and the fact in many cases if we really want the program to work at the Federal level, we have to provide some overhead money for administration of the programs locally.

I think some of the WIC program, some of the improvement of the school lunch program, and so on, have been paralyzed by lack of money at the local level to administer the Federal programs.

I can see being in favor of more localized rather than more centralized government. I can see the great temptation: let's have some local contribution to those programs as a token of seriousness and as a token of interest. Let them provide this and that.

Very often you have to make a choice: if you want the program to work you have to provide local organizations and even volunteer organizations with a little money so they can do a better job as, for instance, the volunteer organizations regarding the elderly.

Senator MCGOVERN. One final question.

How would you reach the target for the next 10 years? We have been talking about a lot this morning, about what should have been done.

If you had such a target of priorities in the whole nutritional program, where would you begin? What would that target look like for 1980?

Dr. MAYER. Mr. Chairman, obviously it goes without saying, but apparently goes better if you say it, that enormous gains that have been made in the fight against hunger really have to be preserved.

Again, I really can't, as an educator, emphasize enough how important it is that our people understand what has been done, how it has worked, simply because there has developed an atmos-

phere of discouragement against any and every Federal program, which I think could be very paralyzing for the Nation.

I think it is absolutely essential that every Federal program have built in a monitoring capability so we know whether it works or doesn't; because it is perfectly true that we have thrown Federal dollars at public programs that don't work, but I think there is a danger we may throw the baby out with the bath water if we don't preserve and demonstrate programs that have worked.

A second element which is important and which has been mentioned before is the element of surveillance. I would differ from my colleagues who expressed themselves earlier at this table.

Where you are dealing with a problem, not enormously widespread, monitoring through a nationwide sampling type of organization isn't going to give you answers you need. We don't have that many people acutely and critically malnourished any more, that you would find them if you have a national representative sample.

What you need to monitor are groups. Monitor better what goes on at Indian reservations or what goes on in some of our trust territories and monitor certain vulnerable groups.

For instance, I think more attention should be paid to pregnant and nursing women and to the elderly.

Very specific groups is the way I would do surveillance on it, pinpoint certain groups to look at rather than do a surveillance where 95 percent of the people don't need to be looked at from that viewpoint.

The third factor I would put a lot of effort in is the WIC program, particularly with this question of teenage pregnancy, which I mentioned.

Fourth, I think we need a massive effort in nutrition education; and we need to look at testing for children; we need to look at what is being taught in school.

We need to marry, in a sense, what goes on in the dining room of the school with what goes on in the classroom. We need to take advantage of expanded programs of community nutrition for the elderly, to also conduct programs of consumer education, nutrition education, and preventive health care among a group which is, by and large, less literate and more credulous and more vulnerable than the rest of the Nation.

Senator McGOVERN. Thank you very much, Dr. Mayer, for this excellent summary.

Senator Dole?

Senator DOLE. I think you touched on one question I was going to ask, and that was nutrition education. It seems to me that is one you really need to zero in on.

We have made some progress, as you are aware, and certainly much of the progress, dating back to 1969 was due to your efforts and your appearing countless times before this committee.

Have you kept track—10, 15 times?

Dr. MAYER. Something like that.

Senator DOLE. We appreciate that. Those who criticize lifting the cap say that inflation is a tougher blow on the poor than reduced benefits. It is pretty hard to subscribe to that argument, but we do have a problem with budget constraints and inflation of 10 to 12 percent. It is a tough question.

I think Dr. Harper referred to the thrifty food plan.

How do you evaluate that?

Dr. MAYER. I think the problem has always been and will continue to be that for the thrifty food plan to provide an average family with decent nutrition they need to know much more nutrition than we would expect the middle class to know. They need to know exactly how to target all their purchases.

Evidence has been presented earlier that the poor by and large are reasonably wise as regards the use of money for food, but they all don't have Ph. D.'s in nutrition and there is very little margin there.

The other problem is that it takes no notice of the composition of the family. There is a big difference between having 2 parents, a 2-year-old and a 3-year-old, and having 2 parents and 2 teenagers; and unless you have some margin there, you are going to have 4 very hungry people by the time you are through. I think this is the area that has to be dealt with by going almost to what would be a wartime rationing plan, which takes into consideration what category the various members of the family fall in, or their needs to be more flexibility and somewhat more money than there is in order to take care of people who are very active and eat a great deal.

I think the other half of the question which we are going to be faced with later on is: Could we have a nutritional diet if the food stamp allotment were cut a fourth to a third?

The answer is no.

We are very marginal at this point, and I think there is no way of insuring the continued level of success we have had in reducing hunger and malnutrition in the United States if we make cuts on food stamps and, again, I agree with you, Senator, that inflation is a very serious problem and attacks the poor and elderly, some of the same vulnerable groups.

There are two things that can be said in a situation as serious as the one we are in.

First, let's make sure people are not medically damaged by taking whatever corrective measures we can take.

Second, I find there is a difference between food and other commodities. Food is one commodity of which we have no shortage in the United States; indeed, we have a surplus, in many ways. There is a big difference in encouraging an increased consumption of something we can produce, and of which we really have more than we need, as compared with encouraging an increase in the consumption of gasoline or any commodity which is in scarce supply.

Senator DOLE. Thank you very much, Mr. Chairman.

Senator MCGOVERN. Thank you, Dr. Mayer, again, for your appearance here today.

The committee is adjourned.

[Whereupon, at 12 noon, the subcommittee adjourned, subject to call of the Chair.]

APPENDIX

STATEMENT OF NATIONAL ASSOCIATION OF FARMWORKER ORGANIZATIONS

The National Association of Farmworker Organizations represents Migrant and Seasonal Farmworkers throughout the United States. We are pleased to have this opportunity to add to the Senate Nutrition Subcommittee's written record for its hearing on hunger.

There are more than 5 million migrant and seasonal farmworkers in the United States. Historically they have been the greatest victims of this country's changing agricultural system. Although migrant farmworkers are crucial to food production, they are generally isolated from the sources of political power and even from the view of the general public.

As a group, farmworkers are among the poorest of the working poor in this country. The minimum wage provisions for agricultural employees contain so many loopholes and exemptions that they are irrelevant for the majority of farmworkers. A U.S.D.A. report, the "Hired Farm Working Force of 1975," revealed that 60 percent of all migrants were employed only in farmwork, and their average yearly income was only \$2,656.00, well below the poverty line. In oral testimony before this Subcommittee, Dr. Jean Mayer, Chairman of President Nixon's 1969 White House Conference on Food, Nutrition and Health said that the average income of the migrant farmworker family in Colorado is \$1,880.00.

Even when farmworker's daily income approaches an adequate level, it is too sporadic to ensure a decent standard of living. Bad weather, poor organization of the work by the growers, delays in planting or harvesting schedules, a surplus of available workers—all these factors may mean many days of enforced idleness for farmworkers, with a corresponding reduction in income.

Farmworkers are unprotected by minimum wage provisions. Except for the very small fraction of workers under special contracts, no significant fringe benefits such as vacation days or sick leave exist; they are generally paid on a cash basis, and most often by a piece rather than an hourly rate. When they are sick and cannot work, they don't eat either, because they only get paid for what they pick. Any injury, disease or occupational illness, such as "mild" pesticide poisoning, which inhibits eye-hand coordination, acts directly to depress their wages. Therefore, to a large extent annual income is dependent upon the number of days worked and the numbers of family members working. To earn even a minimally adequate income, farmworkers must enlist the labor of the entire family unit. It is common for children to begin working in the fields as early as the age of four. Few children over the age of 12 are spared full-time labor. In discussing the problems related to the Food Stamp Program, Dr. Mayer testified that some counties discontinue food programs during harvest time, thereby coercing entire families, including school-age children, to work under unfair and sometimes illegal conditions—or else face the alternative of malnutrition.

The combination of brutal working conditions and wretched living conditions takes a heavy toll. The life expectancy of a farmworker is approximately 49 years—20 years below the national average. The death rate from pneumonia and influenza runs as high as 200 percent above the national average, while tuberculosis-related death is 250 percent higher. Infant mortality is 125 percent higher among farmworkers than among the general population.

Improper nutrition during pregnancy, infancy and early childhood has serious and long-lasting effects on mental, as well as physical development; the resulting damage may permanently impair a child's learning ability. Low energy levels and poor concentration, psychosomatic illnesses such as back-aches, headaches, abdominal pain, lassitude and depression, and anti-social behavior, such as delinquency—all these may be related to poor nutrition and may negatively affect employment, family life and general development, as well as learning.

In 1970 Dr. Harry Lipscomb and Dr. Raymond Wheeler testified before this Senate Subcommittee about Migrant and Seasonal Farmworker conditions they had recently observed and documented. Dr. Lipscomb testified that "Malnutrition in

adults, particularly the aged, and in growing children and infants, was commonplace." He also found such high incidence of infectious and metabolic disease; pesticide poisoning; injuries; speech, learning disorders to cause him to say "... I am ashamed, as an American, of what we saw." His findings horrified the Committee and the public.

Yet Dr. Wheeler reports from a 1977 visit to some farmworker areas that there has been little improvement in the condition of farmworkers and their families since 1970. At the same time, the Field Foundation reports that considerable progress in the fight against malnutrition has been made for the rest of the population. The benefits provided by the federal food program are credited for the change. According to the Field Foundation's 1979 report to this Committee, "Migrants and their children received the lowest level of participation in all of the food programs."

There are many reasons why the federal food programs are not reaching Migrant and Seasonal Farmworkers. As stated above Farmworkers often live in wretched conditions in the most sparsely settled areas. Migrants represent a minority group composed of diverse ethnic populations. Their ranks include United States Blacks and Caucasians, Puerto Ricans, Bahamians, British West Indians, and Mexican Americans. Numerically, Mexican Americans constitute the most significant segment of the migrant labor force in the United States; and are second only to blacks in comprising an ethnic group in this country. Mexican Americans and Puerto Ricans in the United States may well represent classic examples of the economic exploitation of a minority group (in terms of the proportion of families and individuals being relegated almost exclusively to a single life pattern which offers few long-term rewards or alternatives).

Many of the problems encountered by the migrants are also experienced within the Spanish-speaking community of recent stream settleouts and permanent residents. All too frequently, the Spanish speaking whether migrants or urban residents, have found themselves in a cultural limbo, hopelessly sandwiched between two diverse cultures and two separate life styles. To be sure, existing educational, vocational and other programs seldom take into account the special needs and characteristics of the Spanish speaking, who have experienced numerous, and sometimes inherent, obstacles in their attempts to become better educated, vocationally secure and competitive with the demands of a highly technological and fast-paced society.

The United States Department of Agriculture must make special efforts to serve the Farmworker population if they are to have an effect on the nutritional status of that population. Recognizing this, in November 1977 Robert Greenstein, then Special Assistant to the Secretary of Agriculture, informed Farmworkers and Farmworker advocates at a NAFO meeting that USDA would establish a combined Farmworker and Indian Advisory Council within the Food and Nutrition Service to look at the special needs of those groups and coordinate services to them. We welcomed that promised step. For several months, NAFO was informed that USDA was working to establish that council. By the end of 1978, the proposal seemed to be stuck in the bureaucracy. According to Mr. Greenstein, in May of 1979 the proposed advisory council is still awaiting approval by the General Services Administration. To Farmworkers who daily are in need of nutritional assistance, no excuse for governmental delays is satisfactory.

In 1974 the Panel on Nutrition and Special Groups of the Select Committee on Nutrition and Human Needs of the United States Senate recommended the creation of an Indian and Migrant Program Division within USDA. Senator McGovern also chaired that committee. We make that same recommendation today. The Migrant and Indian Advisory Council could, if implemented by the Administration, perform some of the work, of such a special program division and serve a forerunner to its creation in the near future.

Certain Farmworker modifications of existing USDA food programs could immediately improve farmworker access and lessen the risk of malnutrition. The Women, Infants, and Children (WIC) Supplemental Food Program, for example, is administered by the individual states. It does a poor job of reaching Farmworkers. Currently a farmworker certified in one state must get recertified when entering a new state in order to receive services. Legislation to be implemented later this year would allow for a transfer of certification from state to state.

But technical problems must be ironed out if this new rule is to be made effective. Farmworkers still will not be assured benefits in the new state they enter. Availability of "slots" within the state will still determine who receives program benefits. Therefore, Migrants and others who move from one area to another will not be insured continuous WIC services even after being enrolled in one area of the country. WIC legislation of 1978 mandated that the Secretary of Agriculture ensure continuity of WIC service to migrants to the maximum extent feasible. In USDA's

proposed WIC regulations issued on January 2, 1979 states are given the authority for migrants in their areas. The Secretary has appeared to have passed his responsibility for a migratory population on to individual states.

The second major part of the problem of gaining Farmworker access to the WIC program is reaching those who are eligible but do not yet participate. More WIC clinics are needed, and USDA must start to make some earnest attempts at doing outreach and providing bilingual services.

It is apparent that the Department realizes some of its shortcomings in serving migrants and is making some attempts to alleviate the situation. However, these fall short of what is necessary to ensure effectiveness. For the first time in April, 1979 USDA made a special migrant allocation available to the states. But because of a short application period, only 20 states received special migrant funds. In July another migrant allocation will be made, but there is no assurance from the Department that any more will follow. One strength of these special allocations is that they must be used to serve migrants. This is the incentive some local agencies need. However, national WIC staff frankly admit their lack of ability to monitor migrant participation in the WIC program and suggest that Farmworker organizations assume this responsibility.

In order for USDA to serve migrants through the WIC program a national set-aside for continuous services and state set-asides for new services to migrants are required. Neither would mean entitlement for Farmworkers, what they would do is make the services as accessible to this population as they are to everyone else. NAFO has provided USDA with more detailed recommendations of how this could be implemented. A copy of these recommendations is included with this testimony.

The Food Stamp program also requires modifications to ensure greater accessibility to Farmworkers.

The labor camps that house Farmworkers are usually far from food stamp certification and issuance offices. Those Farmworkers fortunate enough to obtain transportation to the proper office, often find it closed by the time they arrive. If the office is open several other obstacles still exist. USDA's food programs are just beginning to require that bilingual staff and materials be made available in some areas if the applicant does not speak English. The food stamp program was supposed to begin implementing bilingual requirements on March 1, 1979. However, almost all states chose the operation of conducting a six month survey on bilingual needs. This will mean yet another season in which non-English speaking Farmworkers are deprived of translation services. When states finally do begin implementing that regulation, inconsistency is virtually certain. In a recent meeting, USDA officials admitted to Farmworker advocates that they expect this regulation will be difficult to carry out.

In addition to language differences, Farmworkers often have cultural problems relating to food program officials. Furthermore many local program staffs have shown their lack of interest in serving migrants.

If the farmworker is able to apply and is eligible for food program benefits, chances are he or she will be out of town following the crops by the time benefits can be reaped. Even with the improvement in expedited food stamp issuance, it may take as long as 7-10 days for a family to get assistance when it is in immediate need.

In the case of the Food Stamp program, the government recognized these problems in the *Gutierrez v. Butz* decision which included the instruction that eligible Farmworkers must be given benefits quickly. However, the National Association of Farmworker Organizations documented evidence two years after the decision showing that it was implemented for Farmworkers only occasionally across the country. For those programs such as Food Stamp which have a national focus, USDA's difficulty in monitoring the program results in poor local service to Farmworkers.

These program difficulties along with those experienced in the other federal food programs reinforce the need for greater attention to policy making and coordination of program services on behalf of Farmworkers including federalization of food program services to them. The Panel on Nutrition and Special Groups to Senator McGovern's Nutrition Committee's first migrant recommendation in 1974 was to completely federalize the Federal Food Programs as they apply to migrants. And with coordinated policy making, the WIC, Food Stamp, Summer Food and School Meal Programs, which all exist within USDA could develop common regulations for: doing outreach to Farmworkers; effective bilingual services for them; federalization of the programs for them; and a definition of who is a Migrant or Seasonal Farmworker. Currently one USDA food program tries one way to serve Farmworkers while the next one tries another way; neither learning from each other. For example: the food stamp program bilingual regulations are a good start while the WIC proposed bilingual regulations were almost nonexistent. No other USDA food pro-

gram uses past Farmworker organization program data to provide documentation for program eligibility the way the Summer Food Program does.

In addition, more emphasis (including higher funding levels) should be placed on food self-sufficiency projects such as farming cooperatives, community gardens, canneries, etc. These programs give Farmworker participants greater value for their food dollars through their own efforts and even make food self-sufficiency possible for some. There is great promise in these programs which Farmworkers have participated in enthusiastically. The Community Food and Nutrition Program at the Community Services Administration which now provides limited funds for self-sufficiency projects should expand these activities. USDA through its Rural Development Service and Food and Nutrition Service should jointly find ways to encourage these local activities.

In purely economic terms, improving the nutritional status of Farmworkers in this country is important. The Office of Management and Budget found that money not spent for good nutrition costs us three times as much later to combat health and other problems.

In conclusion we urge this committee to provide impetus for federal food activities that will result in combatting malnutrition among Farmworkers. Thank you.

STATEMENT OF GORDON HARPER, M.D., THE CHILDREN'S HOSPITAL MEDICAL CENTER, BOSTON, MASS.

My name is Dr. Gordon Harper. I am a pediatrician and psychiatrist on the staffs of Children's Hospital and Harvard Medical School, Boston. I have taken part in Field Foundation surveys of nutrition and poverty since 1970. Two years ago I was part of the teams which visited Mississippi and Kentucky, in the 10-year follow-up of Hunger, USA.

Summarizing our 1977 findings, the Field medical team stated: "Our first and overwhelming impression is that there are far fewer grossly malnourished people in this country today than there were ten years ago. Malnutrition has become a subtler problem. In the Mississippi delta, in the coal fields of Appalachia and in coastal South Carolina—where visitors ten years ago could see large numbers of stunted, apathetic children with swollen stomachs and the dull eyes and poorly healing wounds characteristic of malnutrition—such children are not to be seen in such numbers. Even in areas which did not command national attention ten years ago, many poor people now have food and look better off. This change does not appear to be due to an overall improvement in living standards or to a decrease in joblessness in those areas. In fact, the facts of life for Americans living in poverty remain as dark or darker than they were ten years ago. But in the area of food there is a difference. The Food Stamp Program, the nutritional component of Head Start, school lunch and breakfast programs, and to a lesser extent the Woman-Infant-Children (WIC) feeding programs have made the difference."

A second conclusion was that the federal food programs, while significant, are far from adequate. One could infer this from the numbers alone. The amount of purchasing power in the so-called Thrifty Food Plan ("thrifty" being a strange and somewhat offensive euphemism here for "inadequate") falls short by up to \$60/month of that required for a minimally adequate nutritional standard.

We found in 1977 widespread evidence in the field that the federal food program was not adequate. We visited many households with empty or nearly empty kitchens, and with small, thin children, frequently with a history of nutritional anemia. And we found occasional homes where a thin, listless child reminded one of the more severe malnutrition seen more frequently in 1967.

We presented these impressions to the Nutrition hearings of the House Committee on Scientific Planning and Cooperation in July 1977.

In preparation for today's hearings, I revisited last week one of the areas visited in 1977, Floyd and Pike Counties in eastern Kentucky. I was interested to see what the 1977 revisions of the Food Stamp Law, especially the simplified application procedures and the elimination of the cash purchase requirement had made. In two days I visited families both near the highways and back up the "hollers" of this very beautiful countryside, rich in coal, but with many poor people. These are some impressions:

Overall, apart from food programs, I must report that the burden of undiagnosed and untreated serious illness, or of illness diagnosed but untreated, often for lack of money or of transportation, that one encounters in surveys of this kind, is simply overwhelming to a doctor. In one home in Pike County on Saturday I visited a family where 5 or 7 members had serious untreated illness—endocrine disease, respiratory disease, developmental delay. I know this subject is matter for another day, but it would be impossible to pass over it altogether without any mention.

With regard to Food Stamps, I found, as in 1977, that Food Stamps have made a critical difference in eliminating the most visible forms of malnutrition. I saw, quite simply, dozens of homes where the only food is that purchased with Food Stamps.

Access to Food Stamps appears widespread: I saw no one who knew nothing of the program. I did, however, see many who were entitled to but did not know of the WIC program. And, while the administrative reforms of the 1977 law have clearly made a difference—no one spoke, as many did 2 years ago, of the cash purchase requirement as an obstacle to participation—for many, administrative ignorance of the law, incompetence or evasion does continue to be such an obstacle. Many families had obtained stamps only because of advocacy by Legal Services staff. Such a situation must be of serious concern to the Congress.

The universal impression is that Food Stamps don't last the month. In nearly every house visited, where there was no other income source, nine days before the next issue date, we saw only flour, and occasionally potatoes. People were candid. Their monthly costs are closer to the "Low-cost Food Plan" than to the "Thrifty Food Plan". The Thrifty Food Plan means there is only flour by month's end. And this happens despite a lot of individual effort in gardening and fishing.

For example, in Mud Creek, Floyd County, Kentucky, I spoke with a disabled factory worker, living in a household with his wife, both in their late twenties, an eleven-year-old daughter, who was in school, and younger children, four, two and one, at home. The garden was set out, and there were chickens and fishing. Food Stamps run out after the second week, and the family is chronically in debt to the storekeeper. The only food in the house was flour. They were embarrassed about what they ate for breakfast—and with regard to lunch, they said "we often go without." The children appeared superficially healthy and one might be tempted to speak here of adequate nutrition, but not really: the eleven-year-old is ten pounds underweight and is being treated for anemia; the two-year-old boy was hospitalized this winter for respiratory illness complicated by anemia; and the baby brother was hospitalized for gastroenteritis. These illnesses are more likely to occur in children in precarious nutritional state, and in such a state, they carry an increased risk of death.

Nearby, a family of a disabled miner consisted of his grandmother, wife and five children, one through twelve. The only food in the house was flour and potatoes. Food Stamps run out after two weeks. The wife, grandmother, and the two year old were at home. The two year old had asthma, with an acute infection, and was sleeping and wheezing. His limbs showed decreased muscle bulk, his hair was thin, of light color, with bare spots. It is likely he suffers from frank protein-calorie malnutrition. The irony is that this family lives up-hill from a well-stocked store. Such malnutrition with chronic protein depletion lowers resistance to infection and carries a high risk of death with any acute infection.

Another illustration of how marginal food supplies are in many homes was provided by the Head Start teachers we met in Mississippi two years ago. They pointed out that the children in their program suffered a visible nutritional set-back following summer vacation, becoming less lively and more frequently anemic. The difference was due to their living, during the summer months, when they had no extra food at Headstart, on the food available in the home—the very food, needless to say, on which parents and younger and other siblings are living year round.

For many, Food Stamps are the only income the family has. We met a twenty year old unemployed miner, his wife and baby. Since December, when he was laid off, \$150/month in Food Stamps has been the family's only income. The baby was robust, but the kitchen contained only milk and flour. For many other injured workers, there is nothing else to live on while waiting for disability certification. One woman has sold her refrigerator, another a radio, for money to buy food. Others borrow to pay food debts; one was paying off \$500, repaying in two years at \$32 per month which comes to 60 percent interest per year. These appear to be the economic realities when it comes to food for poor people, in Pike and Floyd Counties.

I would emphasize that the people I saw on this brief trip are, for the most part, already known to Kentucky Legal Services. From other trips, we know there are others not reached by such programs, and can only guess at their condition. This fact is reflected in the national statistics, that only one-half of those eligible participate in Food Stamp programs. Even if it is true that the percent participating is half again as high as reported, there will still be eight million not served. And those who've seen, it is clear, are only marginally well-nourished. In this setting, to hear of proposed reductions in present spending programs is madness.

I came to this brief survey trip from clinical work in Boston with adolescents with self-imposed starvation, a condition of great clinical concern and some popular interest nowadays, but apparently far from the problems of Food Stamps and

hunger in Appalachia. On reflection, however, I realized there is a parallel, for one of the most profound impressions that such patients make on you, after a while, is that, despite their apparently good function in other areas of their life and despite the apparent rationality with which they negotiate endlessly about their ideas of what to eat and what their bodies need, all the while growing thinner and thinner, you realize that with regard to eating, with regard to permitting themselves to see what their bodies need and then permitting themselves to have it—that these individuals are, plainly speaking, crazy. Accurate perceptions of our nutritional needs, so basic to us as biological organisms, have become captive of a circumscribed insanity, which would subordinate the body's reality of hunger and feeding to a mental construction.

At this point, I expect you will see the parallel. In my view, in the face of evidence that Americans are living as we have seen them, with evident hunger and marginal nutrition, to talk of a "cap" on Food Stamp spending, much less of a reduction in benefit levels, is such a deviation from the biological givens, as to be similarly a form of madness, circumscribed perhaps, but madness nonetheless.

I would make the following suggestions:

1. Far from being reduced or "capped", present Food Stamp appropriations, though they have made the difference between the large numbers with frank malnutrition seen in the 1960's and what we see now, are still far short of what is needed to support the lowest adequate level defined by our Government, and should be increased.

2. Because of the frequency with which one hears stories of administrative errors, with benefits being denied, and then being restored only because the denied person obtained help from community advocates knowledgeable in this area, it seems that the onus of fair and accurate administration should fall on the agency, not on the client. In addition to responsibility for back payments, the administering agencies should be liable for penalties in cases of wrongful benefit denial. Congress must come to terms with the fact that the adversary relations encountered by poor citizens applying for legally entitled benefits originate in the statutes enacted and the regulations promulgated here in Washington. Until something is done here to shift that balance, then delay, obfuscation and outright misrepresentation will continue, all resulting in wrongful benefit denial. One might paraphrase Justice Marshall, saying Benefits delayed are Benefits denied, except that here, because of the long-term effects on the developing child of malnutrition, one must add, Benefits denied are also, damage done.

3. Thirdly, it is clear that malnutrition should be made a reportable disease, so that government surveillance can begin to fulfill the role, a role which for ten years has been spearheaded by private resources, of informing the nation and the Congress of how far we have come, how far still to go, in eradicating what can with understatement be called a national disgrace.

4. Briefly, with regard to soda pop and junk food, I would join those who would exclude these from the Food Stamp list, both because of their low nutritional value and because of their role in the pathogenesis of dental caries.

Finally, since my impressions are of poverty and malnutrition from two of the richest coal-mining counties in the nation, I must end by remarking that we consumers, no matter what the quoted price per ton may be, get our coal (and therefore, much of our electricity) cheap. The hidden costs are borne by the scarred hills and poisoned waters of stripped-over Appalachia, by the impaired and disabled bodies of the workers, and by the developing minds and bodies of the children in this area where human services of all kind are so far below the standards any western country would set for itself. In this part of the country, and I suspect in others, the Food Stamp program is a terribly significant part, though only a part, of paying some of the cost of that extraction. To dismantle it would be a terrible tragedy.

Thank you.

HUNGER IN AMERICA: THE FEDERAL RESPONSE

(By Nick Kotz)

FOREWORD

Over the past decade the Field Foundation has had a special concern for problems of hunger and malnutrition in the United States. This began in 1967 with the sponsorship of a team of physicians whose investigation revealed widespread hunger and malnutrition in depressed communities of the nation. It continued in 1968 with assistance to the Citizens Board of Inquiry into Hunger and Malnutrition in the

United States. The Board's findings, published in *Hunger USA* shocked those who did not believe hunger to be a daily condition for millions of Americans.

A decade later, in 1977, the Foundation again supported a group of physicians who returned to those same regions visited by the initial group to assess conditions of hunger and malnutrition. Observations by these doctors are an important part of this report.

These observations, reinforced by continuing field work of several of these physicians, indicate that through federal food legislation enormous progress has been made in providing hungry Americans with an adequate diet. As Mr. Kotz states, "the doctors' latest findings suggest that food aid programs may represent one of the unsung, yet most effective anti-poverty efforts of the last fifteen years." Where in 1967 the physicians saw many children with swollen stomachs, dull eyes and open wounds, there were fewer visible signs of malnutrition and its related illnesses. However, hunger and malnutrition have not vanished. One doctor who visited migrant camps in Florida observed conditions of malnutrition similar to a decade ago.

The doctors also reported that critical issues of employment, housing, and comprehensive medical services persist. Housing conditions were generally said to be worse than a decade ago. The number of unemployed reported in some communities was staggering.

Over the past ten years the Food Stamp Program has become one of the most accepted of the national entitlement programs. Many Americans have come to realize that, given the enormous human and productivity costs of hunger, no American should suffer the blight of malnutrition in a nation with such an abundance of agricultural products. Although federal programs, particularly the Food Stamp Program, provide the means for food for many low-income Americans, these programs as yet reach approximately half of those eligible. The program is an entitlement of critical importance to millions of Americans, but as the doctors reported, administrative barriers have prevented the participation of many needy Americans. Some of these barriers have been lifted by the passage of the 1977 Food Stamp Act.

The Act removes the purchase requirements which in the past has locked out those too poor to pay for stamps. It also provides easier access for participants and simplifies the often cumbersome regulations both for eligibility and administration. These changes should help to reduce the "gatekeeper" mentality which the doctors found prevalent throughout the administration of the program. Preliminary indications since these reforms became effective point to a significant increase in participation, especially among the rural poor. The major features of the new Act are reviewed in the Appendix.

While only the barest subsistence needs are being met by Federal Food programs, those programs are proving a critical imperative to the nation's health. While tremendous progress has been made through these programs, we have yet to meet the full challenge of feeding the hungry in America. It is a challenge to Congress to adequately fund the Food Stamp Program in order to provide for all eligible persons and to keep pace with inflation. It is a challenge to the Department of Agriculture both to insure outreach and to monitor and enforce the new law. It is a challenge to concerned national, state and local anti-hunger organizations both to work for maximum participation of the eligible and against program abuse. Much remains to be accomplished, but as Mr. Kotz states, "The entitlement of all needy Americans to an adequate diet is a goal that is within our capability. If only we will reach for it."

FIELD FOUNDATION, April 1979.

HUNGER IN AMERICA

"Wherever we went and wherever we looked," the doctors reported, "we saw children in significant numbers who were hungry and sick, children for whom hunger is a daily fact of life, and sickness in many forms, an inevitability. The children we saw were more than just malnourished. They were hungry, weak, apathetic. Their lives are being shortened. They are visibly and predictably losing their health, their energy, their spirits. They are suffering from hunger and disease, and directly or indirectly, they are dying from them—which is exactly what 'starvation' means."

That report, in testimony to Congress in June 1967,¹ shocked the nation. Sent out to investigate by the Field Foundation, the physicians were describing conditions not in Biafra or the Sahel, but right here in overfed, diet-conscious America. The doctors' bleak medical testimony, buttressed by similar findings by congressional

¹ *Poverty: Hunger and Federal Food Programs Background Information*, Subcommittee on Employment, Manpower and Poverty of the Senate Committee on Labor and Public Welfare, July 1967

and citizen committees, galvanized the country into action. Over the years that followed, Congress has enacted more than a dozen food aid laws and now appropriates more than \$9 billion annually to feed the poor.

In the conservative political climate of the late 1970's, however, exposés about the plight of the poor have gone out of style. Instead, there is an insistent chorus of budget-conscious questions: What does the country have to show for its multibillion dollar expenditures in the so-called War on Poverty? Are there fewer hungry people? Do the food programs really work? Should these programs be expanded or curtailed? Or should they be eliminated entirely as part of a streamlined overhaul of the welfare system?

The Field Foundation began to seek answers to these questions. Just as it had sponsored the original doctors in 1967, the Foundation—which specializes in issues of poverty and discrimination—dispatched another medical team, including four doctors from the original trip. The doctors' more recent findings suggest that food aid programs may represent one of the unsung yet most effective antipoverty efforts of the last 15 years.

From May to September, 1977 the six teams of doctors fanned out across the country, carefully retracing steps many of them had taken ten years earlier into the worst pockets of poverty in America. Their investigation took them into the fertile plantation delta of Mississippi and Arkansas, the scarred tenements of the Bronx, the isolated mountain hollows of Appalachian Kentucky, the swampy coastal regions of South Carolina, the crowded Mexican-American barrios of San Antonio, and the shanty migrant work camps of central Florida.

Summarizing their 1977 findings, the Field medical team stated: "Our first and overwhelming impression is that there are far fewer grossly malnourished people in this country today than there were ten years ago. Malnutrition has become a subtler problem. In the Mississippi delta, in the coal fields of Appalachia and in coastal South Carolina—where visitors ten years ago could quickly see large numbers of stunted, apathetic children with swollen stomachs and the dull eyes and poorly healing wounds characteristic of malnutrition—such children are not to be seen in such numbers. Even in areas which did not command national attention ten years ago, many poor people now have food and look better off. This change does not appear to be due to an overall improvement in living standards or to a decrease in joblessness in those areas. In fact, the facts of life for Americans living in poverty remain as dark or darker than they were ten years ago. But in the area of food there is a difference. The Food Stamp Program, the nutritional component of Head Start, school lunch and breakfast programs, and to a lesser extent the Women-Infant-Children (WIC) feeding programs have made the difference."

In a miserable shack in the Mississippi Delta, for example, the doctors visited a very poor black family of four adults and a half dozen young children. There was no plumbing or drinking water in the house. Heat was provided by unsafe open fires. The children were not receiving needed educational or health services. But in the midst of all this, in the one working refrigerator, there were fresh milk and meat. "This food, purchased with food stamps, was the one difference from the situation ten years ago," the doctors reported, "and the children's health and liveliness reflected this (difference)."

Reporting on the conditions in rural St. Francis and Crittenden counties in eastern Arkansas, Field researcher Kenneth Dean noted that "poverty is rampant but the food stamp program brings food into the most terrible situations." Similarly, in eastern Kentucky, the team visited a disabled coal miner, struggling to keep his family going on \$135 a month. The miner's five children are surviving, in part, because each gets free lunches and breakfasts through the federally funded school feeding program.

In rural Missouri, the doctors reported, local officials still give aid grudgingly and with resistance, "but food stamps are absolutely essential in keeping people from going hungry."

The second principal conclusion of the doctors was that while federal food assistance has made a difference, it still is far from adequate. "We are not dealing with an ineffective tool of public policy," said Dr. Gordon Harper, "but with an inadequately used one. Congress, the President, and the public should know that the very effectiveness of such programs, where they do work, makes it a greater national tragedy that many people remain unreached."

The doctors filed reports on each area they visited. These accounts by no means represent an unqualified optimistic endorsement of present food aid programs or of the current nutritional health of the American poor. Indeed, the doctors found some hunger and considerable evidence of malnutrition and inadequately functioning food aid systems. And the doctors clearly do not suggest that federal food aid, even on an expanded level, represents a panacea for the complex problems, of the poor. To the

contrary, they stress that food and welfare aid meet only the bare survival needs of the poor, and that jobs, health care and decent housing must be principal concerns. But the doctors again fastened onto food aid as one concrete area in which they believe there has been significant progress and the opportunity for more. The new food stamp law which is being implemented in 1979 offers an unparalleled opportunity to entitle all citizens to a satisfactory level of nutritional well being.

Until hunger became a political issue in the late 1960's, the federal government's food aid programs were modest in size and geared principally to serve the needs of American agriculture. The largest single program, for example, was the distribution to the poor of surplus agricultural commodities which represented a price-depressing glut on the commercial market. But this agribusiness orientation of food aid changed rapidly once the issue became politicized following a series of disclosures by the Field Foundation doctors, a congressional subcommittee, spurred by then Senators Robert Kennedy (D-N.Y.) and Joseph Clark (D-Pa.), a Hunger USA report from a distinguished citizens committee, a Senate Select Committee headed by Senator George McGovern (D-S.D.), and a variety of journalistic exposés, including a dramatic documentary on CBS television. Various studies concluded that 10 to 15 million Americans suffered from serious problems of hunger and malnutrition.

A few comparisons indicate the ensuing dramatic growth of federal food aid programs in the wake of those reports.²

Food stamps grew from a \$288 million program serving 2.8 million people in 1968 to a \$6 billion annual effort serving 16 million today.

Free or reduced price lunches for poor children grew from a \$42 million program for three million children in 1968 to a \$1.2 billion program serving 12 million poor children today. The government spends another \$600 million subsidizing in part the lunches of all 26 million participants.

Free school breakfasts have expanded from a \$5.5 million program serving 300,000 children in 1968 to a \$200 million effort serving more than 3 million children today.

Child care and summer food service for children provide food for 3 million children today at a cost of \$250 million in contrast to 1968 programs serving 140,000 children at a cost of \$3.2 million.

Supplemental feeding for women, infants and children (WIC) has grown rapidly from a \$14 million program serving 206,000 people in 1974 to a \$550 million program serving nearly 1.5 million people today.

Nutrition for the elderly has mushroomed in five years from a modest experiment serving 41,000 elderly to a \$202 million program serving 2.3 million elderly today.

Just how much has this expansion in government food aid contributed to improved nutrition among the poor? There is a general answer to that question, based on common sense and on the observations of people such as the Field Foundation doctors. Namely, the combined effect of these multibillion dollar programs has resulted in fewer people feeling the pangs of hunger and the effects of severe malnutrition. A recent decline in the infant mortality rate in the United States also may be attributed in part to improved nutrition among the poor. A more complex question is whether subtler forms of malnutrition (the lack of various essential nutrients) among the poor have been lessened significantly. Again, the gross evidence suggests an improvement. However, the nation continues to be plagued with a lack of sophisticated data about its nutritional well being.

The country was shocked in 1967 when the Surgeon General of the U.S. Public Health Service said we know more about the nutritional health of people in some underdeveloped countries than about that of Americans. In the heat of the hunger fight in 1967, Congress ordered a study of the nutritional status of the poor. The resulting 10-state survey by HEW reported that a serious percentage of the American poor suffered from deficiencies of iron, Vitamins A and C and other essential nutrients, and more disturbing, these inadequacies had led to the stunting of the development of many poor children. This study turned up a handful of cases of kwashiorkor and marasmus, the severe and deadly nutritional diseases abundant in the underdeveloped world, but rare in the United States. Unfortunately, the study was cut off before many of its findings could be fully developed. There is disagreement as to whether the shelving came because of personality disagreements within the HEW medical establishment or because the admission of serious malnutrition in the United States was politically unacceptable.

Similar controversy has swirled around a study, using the 10-state survey data, in which researchers at the University of California Medical School at San Diego warned that "brain development during gestation and early childhood should be considered in jeopardy for large numbers of children in the United States as a

² Final Report, Senate Select Committee on Nutrition and Human Needs, December 1977.

consequence of chronic severe undernutrition associated with low family income."³ Other researchers have hotly disputed these findings.

The worst nutritional problems continue to plague American Indians of the South and Southwest, but there has been "progress" even in this distressed area. The Public Health Service Indian Hospital in Tuba City, Arizona treated 44 children suffering from marasmus and kwashiorkor in the period 1963-67, but only 17 children in the period 1969-73.⁴ In addition, far fewer children there suffered from deficiencies in weight and stunted growth. The infant mortality rate on seven Indian reservations in Montana declined from 31.5 per thousand in 1972 to 16.6 in 1975, following introduction of a supplemental feeding program for pregnant women, infants and young children.⁵

Since the 10-state study, there have been two additional continuing national surveys, one conducted by the Center for Disease Control (CDC) of the U.S. Public Health Service; the other by the National Center for Health Statistics, which conducts a Health and Nutrition Examination Survey (HANES).

Taken as a whole, the CDC and HANES studies, based on data taken through the 1970s, indicate some improvement in nutrition among the poor since 1968, but these studies point to the same nagging problems. Unfortunately, the HANES studies do not concentrate specifically on the poor, yet the data still indicate possible shortages of Vitamins A and C, protein, calories, and iron among some subgroups of black and the poor.⁶ Far more poor than non-poor have these indicated deficiencies. Nutrition education also is a factor isolated by Dr. Frank Lowenstein, a HANES researcher whose work shows that faulty diets among poor families are more common in cases in which the family head has only a grade school education than in those in which the family head finished high school.

The CDC studies which have focused specifically on the poor are helpful in pointing out both nutritional deficiencies and the benefits of well-directed food aid programs. CDC nutritional surveillance of children age 18 and younger over the period 1974-76 shows a slight improvement in undernutrition, but basically still indicates that up to 15 percent of poor children examined show symptoms of anemia and 12 percent are stunted in height.⁷

Summarizing the evidence from four surveys; the CDC reported that major nutritional problems appear to be most prevalent in young, minority group individuals of low socioeconomic status. These problems consist mainly of stunting, obesity, anemia, and dental caries.⁸

But the CDC studies also offered evidence that food aid programs are helping the poor. The most hopeful CDC findings came from its analysis of participants in the Women, Infants and Children (WIC) supplementary feeding program. In the WIC program, pregnant women, their infants, and young children who are at nutritional risk are provided health examinations, nutrition education and supplementary nutritional food packets. The WIC program is directed at a critically important problem because of the connection between a mother's diet and the low birth weight of infants and the link between low birth weight, infant mortality, birth defects and mental retardation.

After a continuing study, over several years, CDC reported: "Children entering the WIC program have a high prevalence of anemia, presumably caused by iron deficiency, a high prevalence of linear growth retardation, a high prevalence of overweight. Children in the program for one year experience considerable improvement in hemoglobin and hematocrit values (by which anemia is measured), and a slight improvement in linear growth. The proportion of low birth-weight babies born to WIC mothers is the same as the general population which probably represents a considerable improvement over what might have been without WIC."⁹

Studies of the WIC program by CDC and other researchers in individual states highlight some dramatic nutritional gains. A Yale University Medical School study of WIC participants in Danbury, Conn. over several years showed a growing impact

³ Study by John S. McGregor III, Robert B. Livingston, Doris H. Calloway, Gary J. Fisher, University of California at San Diego, Testimony presented before the House Science and Technology Subcommittee on July 26, 1977.

⁴ Arnold E. Schaefer, "Nutritional Needs of Special Populations at Risk," *Annals of New York Academy of Sciences* (November 30, 1977).

⁵ Studies of the Women, Infants and Children Program by the Center for Disease Control, 1978.

⁶ Health and Nutrition Examination Survey (HANES) conducted by the National Center for Health Statistics. Advance data report No. 6, March 30, 1977.

⁷ Report on 14 states by the Nutritional Surveillance program of the Center for Disease Control, April-June 1977.

⁸ Analysis of Nutritional Indices for Six State Study by the Center for Disease Control, December 1977.

⁹ Analysis of Nutritional Indices for WIC Participants by the Center for Disease Control.

in reducing the fetal death rate in the high risk population. An infant growth study showed that WIC participants caught up with nonparticipants in all measurements of health.¹⁰

Arizona participants in WIC recorded an 81 percent reduction in anemia, 82 percent reduction in underweight, and 64 percent improvement in stature. In Michigan, 30 percent of the women were anemic before WIC but only six percent after participation. Anemia among children participating in Oregon was reduced from 13 percent to one percent. In the Pennsylvania WIC program, the infant death rate for mothers was reduced from 10.6 percent before participation to zero afterwards. Immature birth rates decreased from 12.8 percent to 1.6 percent, and pregnancies with complications were reduced from 30.9 percent to 17.6 percent.¹¹

The WIC program represents a unique effort to combine preventive health care, nutrition supplementation and education, and there is evidence that all three purposes are being met. A study in Fresno, California, and another by the Urban Institute, showed that the program encouraged pregnant women to increase prenatal health care clinic visits. In Tacoma, Washington, a study showed improved health among children who were treated for fewer illnesses.¹²

The WIC program has not gone uncriticized, however. Critics point to studies showing that other family members share food intended for mothers and infants, that the supplemental food package is not tailored to specific dietary needs of individuals, and that the program is unavailable in areas which do not have a health clinic to administer it. Participation also is restricted at present because of limited hours at which women can pick up food supplements or food coupons. Only 11 percent of WIC centers are open on evenings or weekends, which is a deterrent for women who work or depend on a working husband for transportation.

Because of limited funding, the program is now available in only 40 percent of the nation's counties and serves only 1.2 million out of 8 million eligible participants. The Field Foundation doctors recommended not only that the program be expanded, but that the eligibility criteria be liberalized so that all poor women and infants can be enrolled, not just those with proven malnutrition. In some programs, particularly those with limited funds, people are not admitted unless they already demonstrate evidence of malnutrition. These criticisms aside, the WIC program almost certainly is improving the nutritional health of a critical element of the population.

The stated congressional intent of the Food Stamp Act of 1964 was "to safeguard the health and well being of the nation's population and raise the levels of nutrition among low income families." Over the last 14 years the program's benefits have been progressively liberalized and coverage expanded. Today food stamps deliver \$6 billion in benefits annually to 16 million people, the vast majority of whom have incomes below the poverty line and are hard pressed to afford a minimally adequate diet. The Field Foundation doctors and other observers believe that food stamps are making a crucial difference in improving the quality of the lives of many poor Americans. Middle-class citizens also have benefited. When the unemployment rate rose above 9 percent in 1974-75, participation in the food stamp program rocketed from 14 million to 19 million participants. In fact, food stamps today help more Americans than any other social program except the social security system, and the program is virtually the only government aid offered to the working poor.

Nevertheless, the program is being subjected to closer scrutiny by public officials concerned about the inflationary effect of government spending. Recent studies reveal that the great majority of food stamp users are those who need them the most. Research by the Congressional Budget Office showed that 87 percent of food stamp benefits go to families living below the poverty line.

The study also showed that food stamp benefits lifted four million people above the poverty line, including several million among the working poor.¹³

The program's effectiveness can also be measured by determining its impact within the nation's worst pockets of poverty. The Citizens Board of Inquiry on Hunger and Malnutrition in its 1968 report listed as "hunger counties" the 256 counties with combined characteristics of high percentages of poor people, high infant mortality rates, and weak or nonexistent food aid programs. A recent USDA study by economist William Boehm revealed that food aid expenditures per person

¹⁰ *Evaluation of a Supplementary Feeding Program for Women, Infants and Children*, Yale University School of Medicine, EPH 510—Project 18, May 1978.

¹¹ *State and Local Agency Evaluations of the WIC Program*, Food and Nutrition Service, U.S. Department of Agriculture, 1978.

¹² *Toward Efficiency and Effectiveness in the WIC Delivery System*, The Urban Institute, April 1976. Roundup, State and local evaluations of the WIC program. U.S. Department of Agriculture.

¹³ *The Food Stamp Program: Income or Food Supplementation*, Budget Issue Paper, Congressional Budget Office, January 1977.

in those "hunger counties" had increased from \$26 per person in 1969 to \$127 per person today, while in all counties the increase is only \$44.¹⁴ Furthermore, retail food sale figures in those counties have been raised substantially by food stamp buying power. In Mississippi, the nation's poorest state and the one with the lowest welfare payments, more than 330,000 poor people receive their principal government assistance from food stamps.

Answers become more illusory however, when researchers have attempted to quantify the exact amount of food stamp aid which is translated into increased food purchases, and the precise effect of that aid on nutritional well being. The Congressional Budget Office has estimated that 57 percent of the food stamp dollar goes to added purchases of food while 43 percent simply frees money for meeting other needs.¹⁵ In effect, a family that receives \$100 a month in bonus food stamps will increase its total food purchases by \$57 above their former level. Food stamps will permit the family to take \$43 formerly spent on food and spend those dollars for other needs. "Purists," or people concerned principally about boosting agricultural spending worry about this "income effect." But any realistic assessment must assume that hard pressed poor people, who lack money for housing, health care, and other necessities as well as food, will juggle their meager resources to meet their most pressing needs.

Few studies have assessed the actual nutritional impact of food stamps, but recent research provides a strong antidote to the classic "welfare Cadillac" myth about the poor. As the story goes, a hardworking middle-class, overtaxed citizen stands seething at a grocery checkout counter while watching the overfed customer in front of him pay for either thick sirloin steaks—or nutritionless junk food—with a fistful of government-issued food stamps. A new study should debunk this caricature. Donald A. West, an agriculture economist at Washington State University, compared the food spending practices of middle-class food buyers with those of poor people who used food stamps and poor people who didn't.¹⁶ His study showed that all three categories of people divided their dollars quite similarly among the various food groups. For instance, all spent 36 percent of their food dollars for meat, poultry and fish, and 13 percent for milk products. But there the similarities ended. The more affluent buyer spent his meat dollars on more beef and veal while the food stamp buyer spent more on pork and poultry. The middle-class buyer spent more on bakery goods while the food stamp buyer spent more on flour. The middle-class buyer spent more on ice cream and yogurt while the food stamp buyers spent more on milk and eggs. The middle-class buyer spent more on snacks and sweets while the food stamp buyer spent slightly more on soft drinks.

In other words, the family on food stamps allocates its food dollar in the same general food categories as the middle-class family, but economizes by buying less expensive foods. The poor family which is eligible for food stamps but does not participate in the program spends its money in much the same way as the food stamp family. But out of necessity, it simply spends less on food.

There is less conclusive evidence, however, that the poor understand all the fine points of good nutrition after receiving food stamps. The two most quoted studies, each done in a single state, indicate that food stamp participants have slightly better diets than eligible non-participants or participants in the old surplus commodity distribution program.¹⁷ The poor need nutritional guidance but, studies show, so does everyone else. Nutritional ignorance transcends class or economic lines.

The food stamp program is not without problems. The program now reaches only about one-half of eligible recipients. Furthermore, the percentage of participants falls much lower in many rural areas, including poverty pockets with a large population of poor people. Studies show that program participation has been limited by failure to inform eligible people about benefits, by the restrictive and hostile attitudes of program administrators, by limited access to food stamp issuance offices, by the high cost of purchasing stamps, and the stigma associated with participating in a welfare program. It is far from pleasant for a poor person to endure the rude behavior of grocery store clerks and the hostile stares and comments of other cash paying customers.

¹⁴ William T. Boehm and Anthony E. Gallo, "Has Food Assistance Helped?" *National Food Review*, U.S. Department of Agriculture, June 1978.

¹⁵ Congressional Budget Office, *op. cit.*

¹⁶ Donald A. West, "Food Expenditures by Food Stamp Participants and Non-Participants," *National Food Review*, U.S. Department of Agriculture, June 1978.

¹⁷ Research report by Sylvia Lane, Department of Agricultural Economics, University of California, Davis, California, 1974. Research report by J. P. Madden and M. D. Yoder, Department of Agricultural Economics and Rural Sociology, Pennsylvania State University, June 1972.

The Field Foundation doctors constantly encountered these problems in the course of their investigations. In the Mississippi Delta, for example, Dr. Aaron Shirley watched poor blacks line up at 5 a.m. to await the 9 o'clock opening of a food stamp application office, which then closed its doors at 3 p.m. with many people still unserved, after waiting all day. A Food Stamp office in another state greeted applicants with a large sign announcing, "if you do not have an appointment today (July 7), come back July 18."

Even after getting an application, applicants often are subjected to endless trips to the food stamp office and badgered for additional documents such as rent, income verifications and other data. In their zeal to prevent fraud and to protect their own records, issuance officers require applicants to make their way through a highly frustrating and almost impenetrable bureaucratic maze. After talking with food stamp office staff and poor people in Appalachian Kentucky, Dr. Raymond Wheeler concluded that "there is an adversary relationship rather than service relationship with the poor. Encounters with food stamp officials are confusing, perplexing, demeaning and intimidating."

Poor people in rural areas often have trouble getting the transportation needed to visit food stamp offices which are far from their homes and only open for limited hours. In many large rural counties in North Carolina, for example, the poor have to overcome formidable barriers to participate in the program. Often, poor persons without a car will have to find and pay someone to take them several times on an 80-mile roundtrip to the county seat to apply for the program, and then have to repeat the process regularly to get the stamps and be recertified for eligibility. The elderly in particular have trouble participating in the food stamp program. A Maryland Council on the Aging study in 1975 showed that only 13 percent of the eligible elderly in a senior citizens food program used food stamps.¹⁸ Among non-users, 37 percent believed themselves ineligible, and another 35 percent did not know whether or not they were eligible. Only 15 percent had known they were eligible, but decided not to apply. The findings of this study and others suggest that present outreach programs financed by USDA and the Community Services Administration are relatively ineffective. An obvious and long-suggested remedy is that the poor themselves be hired as program aides to help with outreach to others.

Until now many people have stayed out of the program because of the high cost of food stamps. A family of four, for example, with \$300 monthly income had to pay \$83 to get \$182 worth of stamps. Often families have felt they could not afford to invest the \$83 into food stamp purchases.

The 1977 food stamp law, which finally went into effect early in 1979, offers potential remedies to a number of these participation problems. The purchase requirement has been eliminated. So the family with \$300 income will simply receive its \$99 in bonus stamps. In theory at least, the new law greatly simplifies the application procedures by standardizing a number of deductions and eliminating various verification documents.

Among the many measures that provide aid to the poor, the Food Stamp Act of 1977 is unusual because it entitles its beneficiaries not only to specific benefits but also to rights from administrators who are supposed to deliver those benefits in a manner that meets and respects the needs of the recipients rather than one that caters to the concerns of the bureaucracy.

The benefits are not insubstantial. The Thrifty Food Plan, which must be furnished every participant in coupon allotment form, will, as of July 1979, yield \$2,400 in food purchasing power annually to a household of four with no income. That amounts to double in food alone what President Nixon's minimum cash guarantee was for all needs under the Family Assistance Plan of 1971.

The benefits are supported by a structure of rights designed to remove access barriers and encourage participation from the time the applicant household contacts a local food stamp office until the time the stamps are received. The law seeks to transform the program from a privilege bestowed upon supplicant households to a right that must be accorded graciously, conveniently, and swiftly.

This Bill of Rights for food stamp users is unprecedented in welfare-style legislation. Normally a "handout" is treated in the disparaging fashion the term connotes, with the recipient made to feel a humble beggar. Under the new legislation, this demeaning posture is supplanted by the legitimacy of a legal demand. The food stamp law has a further unusual feature—its clear delineation in the legislation itself of uniform national standards of eligibility, especially those dealing with income, deductions, and assets. No longer are Federal funds to be subject to vagaries in determining who deserves to receive them.

¹⁸ A study conducted by Sidney Hollander Associates for the Maryland Council on Aging.

The new food stamp law, however, is still dependent on adequate funding from Congress. In 1977 legislation congress placed a spending ceiling of \$6.2 billion on the Food Stamp Program for fiscal 1980. This "cap" was placed upon the program based on Congressional Budget Office estimates that food prices, as indexed to 1976 levels, would rise by 13 percent in 1979 and by 17 percent in 1980. This office now expects a 26 percent increase for 1979 and projects a 36 percent increase for 1980. For fiscal year 1980 according to Administration estimates the Food Stamp Program will exceed the spending cap by \$900 million. Unless the cap is raised further or removed the Secretary of Agriculture would be mandated to cut benefits to recipients by as much as 20 percent.¹⁹ It is an important test of Congressional resolve to end hunger that the cap be raised or removed. It is incongruous for Congress to reform the food Stamp Act to allow greater participation by the most needy and then not to allow sufficient funds to ensure the needy and adequate diet.

Another crucial test will be how the state welfare agencies and hundreds of county agencies decide to implement the new law. Notwithstanding the fact that the Federal government pays half of all administrative costs, protests from state and local welfare bureaucrats already indicate resistance to various reforms, including the requirement for increasing access by providing more stamp issuance offices and longer business hours. If past experience is any guide, the success of the reforms will depend in part on whether various advocate organizations monitor the program to insure that the entitlement to food stamps becomes a reality for all who might benefit. The Agriculture Department has yet to demonstrate the will to demand and to effect implementation by reluctant state and local officials.

The National School Lunch Program was initiated after World War II primarily to help farmers get rid of surplus commodities, and for 20 years there was little attention paid to the requirement that poor children be given free lunches. Today, however, 10.6 million children receive free lunches, 1.3 million receive reduced price lunches, 2.6 million receive free breakfasts, and one million younger children receive free breakfasts and lunches in Head Start and other child care centers.

Recent research indicates that the school breakfast and child care programs are effectively filling important nutritional needs. Surveys in Massachusetts, Minnesota and Baltimore, Md. found that 10 to 18 percent of children come to school without breakfast.²⁰ A nationwide study by the Congressional Budget Office (CBO) reports that more than a third of America's children go off to school in the morning with less than two-thirds of the needed calories, iron, and vitamins A and C.²¹ A Washington State study found that seven percent of white children, 12 percent of blacks and 13 percent of Mexican-American children came to school without breakfast and that these children have significantly lower intakes of calcium, phosphorous, riboflavin and ascorbic acid.²² These findings are particularly alarming considering well-accepted research studies which show the children with inadequate breakfasts do not function as well as their schoolmates either emotionally or in cognitive learning abilities. It is not surprising, therefore, that both the CBO and Washington State studies report a marked improvement in the nutritional adequacy of children who benefit from the school breakfast program.

Beyond any question, the nutritional well being of poor children would be improved by substantial expansion of the school breakfast program but such expansion is vigorously opposed on the ground that providing breakfast is a parental responsibility and because of the reluctance of school boards and administrators to take on another responsibility.

In contrast to the breakfast program, the nutritional effectiveness of the present school lunch program has been questioned in recent studies. No one denies that poor children are better off with the program than without it, but two recent General Accounting Office (GAO) reports to Congress criticized shortcomings in the quality of school lunches.²³ A GAO study of the lunch program in New York City, Cleveland and Los Angeles found that lunches are not providing the required one-third of recommended dietary allowances for as many as 8 of 13 essential nutrients. More than 40 percent of the lunches in New York were not providing an adequate quantity of food. The general accounting Office also noted a substantial problem of

¹⁹ Fact Sheet on the Food Stamp "Cap" by the Food Research and Action Center, March 1979.

²⁰ Survey of Massachusetts, Minnesota and Baltimore on children without breakfast by the Food and Nutrition Service of the U.S. Department of Agriculture, 1978.

²¹ Memorandum of September 12, 1978 by Bill Hoagland on the Congressional Budget Office Study of Nutritional Impact of Three Child Nutrition Programs.

²² David W. Price, Donald A. West, Genevieve E. Scheier, and Dorothy Z. Price, "Food Delivery Programs and other Factors Affecting Nutrient Intake of Children," Scientific Paper No. 5009, College of Agriculture Research Center, Washington State University, Pullman, Washington.

²³ Reports of the Comptroller General, CED-77-89 of June 15, 1977 and CED-78-22 of February 3, 1978, U.S. General Accounting Office.

food waste, with food being thrown away because children didn't like it. The Agriculture Department fully acknowledges these problems, but it remains to be seen whether USDA will require school systems to improve the nutrition of lunches, and to make them more appealing to children with a variety of ethnic food preferences.

The benefits of an adequate free lunch program for poor children were shown dramatically in a program in Baltimore, in which 5,284 children were studied over a four-year period.²⁴ After introduction of the free lunch program, the children scored impressive nutritional gains. Similar gains have been observed for younger poor children benefiting from child care feeding programs. "There was a stark contrast between the bright-eyed, happy and alert little ones we saw in Head Start centers," reported Dr. Aaron Shirley of the Field medical team, "and the dull, listless infants and children we saw who did not participate."

When the domestic political battle over hunger heated up in the late 1960's, Representative Jamie Whitten (D-Miss.), the powerful chairman of the appropriations subcommittee which controls food aid funds, expressed annoyance at the proliferation of food aid programs to include school breakfasts. "Do you contemplate having a pilot dinner program—evening meals—called supper where I grew up?" Whitten inquired of a USDA official.²⁵ This line of criticism has been picked up by others, including the GAO, which recently questioned whether the poor should get multiple food aid benefits. A poor family theoretically may get food stamps, while the children get free meals at school, the mother and infant get food from the WIC program, and another child is fed at Head Start. The question is whether the food stamp program alone shouldn't be able to meet food needs?

A close look at the evidence would suggest that even with multiple food benefits the poor are hardly being indulged nutritionally. The food stamp program is designed to provide only what the Agriculture Department calls the "thrifty food plan," a diet with which a skilled homemaker supposedly can sustain her family for brief periods of time. This diet is less adequate than USDA's "low cost" food plan, a diet typical of what is consumed by most working class families. Food aid reformers have failed repeatedly to convince various occupants of the White House and Congress that the food stamp program should provide at least the "low cost" food plan.

The Nutritional Development Services of Philadelphia in a 1978 study of federal food aid programs analyzed the inadequacies of the "thrifty" food stamp diet, noting for example that a mother with two teenage children would have to spend an additional \$60 a month beyond the food stamp allotment to feed her children with minimum adequacy. "Poor persons are by no means deluged with food resources," the study concluded. "The great majority of households, even if they use every food program available, cannot achieve even the level of the low cost food plan, which is a minimum standard of nutritional resources."²⁶ The study recommended a cooperative outreach effort so the poor can get the benefits of more food programs.

The Field Foundation doctors found that the adequacy of food aid and other antipoverty programs depended in considerable part both on the attitude of local communities and the extent to which poor families and minorities were included as participating citizens. At one end of the spectrum is the plight of migrant farm workers, who are not only transients in the community but outcasts as well. Migrants and their children received the lowest level of participation in all of the food programs. In contrast, the doctors pointed to the progress made in Beaufort County, South Carolina, a swampy coastal area that contains the luxury Hilton Head resort as well as some of the country's deepest poverty. When Dr. Donald Gatch, a courageous local doctor, exposed hunger in Beaufort in 1968, he was scorned, attacked and driven from the county. But when Senator Ernest F. Hollings then involved himself in the hunger issue, and indicted himself and his state for a purposeful blindness to the plight of the poor, change came to Beaufort County. Today, black and white politicians cooperate in providing not only the full range of food aid programs, but also a comprehensive health clinic and other services. The poor themselves have a voice in their own lives and in the community. The infant mortality rate in Beaufort County has dropped from 62.4 per thousand to less than 17. The percentage of people living in poverty has been reduced from more than 40 percent to about 20 percent. The percentage of poor participating in food programs has grown from less than 25 percent to more than 60 percent today. As Dr. James

²⁴ Children and Youth Project, Report 1978, Baltimore, Maryland

²⁵ Nick Kotz, *Let Them Eat Promises: The Politics of Hunger in America* (Englwood Cliffs, New Jersey: Prentice Hall, 1970).

²⁶ Patrick F. E. Temple-West and Christine Mueller, "Preliminary Evaluation of the Contribution of Federal Food Assistance Programs to Low-Income Households," Nutritional Development Services, Archdiocese of Philadelphia, 1978.

Ashbrook, a psychologist with the Field team, reported: "Beaufort County provides solid evidence that concerted local, state, national and private collaboration can make a solid impact on the quality of life in a depressed area. People take a significant part in shaping their own destinies. Federal and state programs in food, housing, health, and education have changed the face of the area dramatically."

But in other counties just miles away from Beaufort, little has changed. Poverty is rampant, health services minimal, and food aid participation disgracefully low.

The Beaufort County example shows that change is possible when people care and work together, and that attacking the problems of hunger and malnutrition can provide a focal point for broader reforms.

The food aid programs can play a unique role in furthering human rights in America at a time of increasing political conservatism. The food aid laws are already on the books and the federal government has the full authority to implement them. A unique bipartisan majority in the U.S. Senate (one in which a Senator Robert Dole (R-Kans.) and a Senator George McGovern (D-S.C.) can cooperate fully) has brought the food programs forward. Public support for food aid is stronger than for other programs such as welfare, and the programs are backed by the American food industry which is strengthened by a substantial boost in food purchasing power.

For those who worry about charges that federal aid encourages a "dole" mentality which discourages people from work, it must be said that for millions this food aid contributes the nutrition necessary to compete for and hold a job.

The Food Stamp Program provides an unusual opportunity to take one of the programs of the 1960s which actually produced results and to build on that success. Can public administration respond to widespread human needs? The Food Stamp Act establishes the tools for effective public policy. Will these tools be used to maximum advantage?

This can be accomplished if local advocacy groups organize campaigns to bring non-participants into the programs and to insure that local officials administer programs fairly and efficiently; if state and local governments are compelled to implement effective outreach programs specifically for the elderly, children, minority groups, the "working poor," and others; and if the federal government provides funds and strictly enforces its rules and regulations to ensure that all Americans are well fed. A second opportunity is to involve the poor themselves in the whole food aid system. Federal food aid is a \$9 billion a year business—through which many poor people could move toward economic independence. Poor people can serve effectively as outreach workers, helping other people through bureaucratic complexities and helping with needed nutrition education. Food stamps and the school feeding programs could be channeled, in part, to buy food from small farmers and from existing agricultural and food cooperatives run by and for the poor. The poor could buy fresh fruits and vegetables at lower prices and small farmers could benefit from a new market for their produce.

Finally, the issuance of food stamps, a task now performed by commercial banks for profit, could be handled in some cases by nonprofit organizations serving the poor. The Watts Labor Action Council, a nonprofit group, is now performing that task in Los Angeles. It should be emphasized that these suggestions, made by several of the Field Foundation doctors, are all possible under present laws and regulations.

There is a tendency in government constantly to call for further study. A food aid advocate in North Carolina appealed to President Carter to expedite aid to rural areas of her state, where food stamp participation is pitifully low. The President responded by calling for a study, and a White House task force is now conducting one.

But studies are not what is most needed. As Dr. Julius Richmond, assistant secretary of HEW for health, said recently: "Research can further clarify the relationship between nutrition and human development, but even without such precise knowledge both common sense and common decency require us to support efforts to improve the diets of mothers, infants and children and indeed for all who for want of adequate income subsist on diets that may compromise health and a genuine sense of well being."²⁷

The entitlement of all needy Americans to an adequate diet is a goal that is within our capability. If we will only reach for it.

²⁷ Julius B. Richmond, M.D., "Issues and Alternatives in Maternal and Infant Malnutrition" address given on May 2, 1978 at the Conference on Maternal and Infant Malnutrition, sponsored by the President's Committee on Mental Retardation, Washington, D.C.

A GUIDE TO THE 1977 FOOD STAMP ACT

The Food Stamp Act of 1977 is the most comprehensive and detailed statutory revision of the Food Stamp Program since its inception in 1964. The legislation is the result of more than two years of work by Congressional Agriculture Committees and a lengthy rulemaking procedure by the Department of Agriculture. The legislative objectives of the bill are varied, including making it easier for eligible households to gain access to the program, improving and simplifying program administration, eliminating households with higher gross incomes and reducing the potential for fraud and error.

ADMINISTRATION

The Food Stamp Program will continue to be administered by the states in accordance with federal rules. The benefits are paid with federal monies, and administrative costs are shared equally by the states and the federal government. Once a state agrees to administer the program, it must operate in every county of the state. While considerable discretion for program administration remains with state agencies, the new legislation provides standards for much of the program's administration.

Food stamps are used like cash to purchase food, food stuffs, and seeds to grow food. Both wholesale and retail food outlets and food cooperatives can accept stamps. Change from purchases no longer comes as scrip issued by the store, but as cash.

The major reform to ease access to the program is the elimination of the purchase requirement. Until now most households were required to pay cash for their stamps. The value of the stamps was greater than the purchase price and the benefit of the program was derived from that difference. For example, a family of four with \$300 in monthly income would pay \$83 for \$182 worth of food stamps. Many families were unable to participate in the program because they could not afford the purchase requirement.

Under the new law, only the poorest of households will receive the coupon value of the "Thrifty Food Plan" which is the Department of Agriculture's standard of measurement for a minimally adequate diet. All other households will receive coupons reduced from the "TFP" by 30 percent of the household's net income as defined by the Act. If these households were to bring their food purchases to the level of the "Thrifty Food Plan," they would be required to pay the difference in cash. The Department of Agriculture has estimated that perhaps three million people will join the Food Stamp Program in the next several years as a result of the elimination of the purchase requirement.

ELIGIBILITY

Eligibility standards have been modified by the 1977 Act. Program eligibility is based on the resources and income of household members. A *household* may consist of a person living alone or any group of people who buy and prepare food together. Roomers and boarders may qualify as separate households. Full and part-time students are eligible. There is no longer a requirement for a cooking facility in the household.

Categorical eligibility which was available to welfare and certain Supplemental Security Income (SSI) recipients has been ended. All recipients must meet three basic criteria: (1) a fairly low income; (2) few resources or assets; (3) work registration.

Income is measured on a monthly basis to include regularly received money which is "reasonably certain" to accrue to the recipient during the month. Excluded from income is money earned by a student under eighteen, all lump sum payments such as tax refunds, welfare and social security grants, all loans (except a portion of educational loans) whether from commercial institutions or personal friends, and any in-kind benefits.

From the monthly gross income four possible deductions are subtracted to determine the net income for eligibility.

These *deductions* have been nationally standardized by the 1977 legislation. They include: a monthly deduction of 20 percent of gross earned income; a \$65 standard deduction; child care expenses; shelter costs which exceed 50 percent of income after other deductions. However, the maximum which may be taken for child care and shelter costs is eighty dollars per month. This arbitrary ceiling on deductions will be burdensome for families with any major child care costs as well as those living in major urban areas where by national standards a relatively high income is more than offset by the cost of habitable housing. In an attempt to keep pace with

inflation, the standard deduction will be updated every July and January and the shelter deduction will be revised every July.

To be eligible for food stamps a household's income after deductions must fall below the poverty line as established by the Office of Management and Budget. The poverty line is currently \$542 a month (\$6,504 in continental United States) for a family of four. Though this figure will be updated every July 1, it represents a significant reduction in the eligibility income limit from the previous legislation. The Act also places an upper income limit upon eligibility. Assuming maximum deductions the limit is \$858 a month (\$10,926 a year) for a working family of four. This gross limit will rise as the poverty line and deductions increase. The lowering of eligibility standards will have a detrimental impact on many low income working families, especially those in areas with a higher cost of living.

A household can only possess a limited amount of *resources* and still participate in the program. The household can have up to \$1750 in assets or \$3000 if one of the persons is at least sixty. Under the Act assets do not include: 1) the household's home and surrounding property; 2) personal belongings and household goods; 3) rental property or property upon which a house is going to be built; 4) property and equipment used for self-improvement; 5) the cash value of insurance policies, pension funds and other resources whose cash value is not immediately available to the household.

In a legislative attempt to prohibit the ownership of expensive automobiles by food stamp recipients, the fair market value of a household vehicle in excess of \$5,500 is included in a household's assets as well as the entire equity value of a second car unless utilized for school or work.

A further requirement for eligibility is that all able bodied persons between eighteen and sixty register for work. A person is exempt if he is already working thirty hours a week, is enrolled in a work incentive program, is receiving unemployment insurance or has registered for work to get it, is participating in a drug addiction or alcohol treatment program, or is taking care of a child under twelve or an incapacitated adult. A person registered for work must accept a job offer unless one of the following conditions is present: compensation for the job falls below federal minimum wage; the job requires the recipient to join, refrain from joining, or resign from a union; the job will interfere with religious beliefs or impair one's health and safety; the work will require more than two hours of daily commuting; the work is beyond one's physical or mental capacity. Students are required to work part time, but not during class hours.

The work requirements are more stringent than those of the previous legislation. Persons who voluntarily quit their jobs without good cause are not eligible for food stamps for a two-month period. The Act also subjects those registered for work to a two-month period. The Act also subjects those registered for work to a "job search" requirement, which is intended to place the burden of finding work on the individual rather than on the state. The Department of Agriculture (USDA) has been authorized by the legislation to conduct various "workfare" pilot programs. Select local agencies may apply for the program in which food stamp recipients can be required to work off their allotment of food stamps, at minimum wage scale, in a job furnished by local government.

APPLICATION

The 1977 Act does make considerable progress in facilitating access to the program. The law requires USDA to establish standards for the location and hours of certification of issuance offices. While states continue to have discretion in the location and working hours of issuance offices, the standards will allow rural and working people access without undue hardship.

Once an applicant household contacts an issuance office, the applicant has an absolute right to file an application that day, either by phone or mail. An applicant must be furnished with a simple, comprehensible, uniform application form. If the issuance office serves at least one hundred households who speak another language or a smaller community in which the majority of households speak the same non-English language, the applicant must be met at the office by an interpreter or bilingual staff member.

Most households are required to have a face-to-face interview at the issuance office, however, if age or incapacity prevent it, the interview must be conducted by phone or at the home of the applicant. The face-to-face interview may be waived if transportation problems, illness, severe weather or work hours prevent the applicant from coming to the office. From the date a proper application is filed, the local issuance office has thirty days to process the application and deliver benefits. Benefits are retroactive to the first day of the month of application. The applicant is eligible for expedited issuance within two days of application if the household is

without any net monthly income or is destitute in the sense of having lost its only source of income and is not anticipating income of more than \$25 in the next ten days.

ISSUANCE

The Act also establishes national standards for the issuance of food stamps. The state has the option of employing one of three issuance systems: a household issuance where the authorizing document remains at the issuance office and the recipient picks up stamps at that office; an authorization-to-participate system where an ATP card is mailed to the household and is exchanged for food stamps by the issuing agent; a direct mail out system where the coupons are simply mailed to the household. Given the comments of many recipients in rural areas for whom travelling to the certification office is a major hardship, it would ease the difficulty for many if states were to adopt the direct mail out method for rural counties.

The Act reduces demands for paper documentation which many recipients complain has been a source of harassment in the past. Verification of income and deductions is normally limited to gross non-exempt income, excessive utility expenses of the standard, and alien status when at least one household member is not an American citizen. Unless there is a "questionable" inconsistency between information on the application and statements made by the applicant or information otherwise received by that office, no other verification is required.

The minimum certification period for eligibility has been set at three months unless the household income is subject to major change. Some households may be certified for up to a year if a steady monthly income can be projected. Households must be given at least one month's notification before their certification expires.

OUTREACH

The success or failure of the new program will be measured by the number of eligible persons who join the program. The Department of Agriculture is still in the process of issuing new regulations concerning community outreach, but specific outreach activities including telephone hotlines, were required in the weeks preceding the elimination of the purchase requirement on January 1. Under the old law, states were required to conduct outreach which would "insure participation of eligible households." This language has been dropped from the new legislation, however, the states are still required to conduct outreach. For instance, in areas with a considerable bilingual population, the Act is rather specific with regard to the use of bilingual outreach material.

PROTECTION

The Act increases a household's procedural rights to notice and a fair hearing before any termination of benefits is possible. The state agency is required to send notice of any adverse action in easily understood language which outlines the proposed action, the household's right to a fair hearing, the availability and location of any free legal service and the availability of continued benefits during the hearing period. The hearing must comply with the spectrum of constitutional due process rights which accompany legal rights rather than privileges.

The states have the option to employ a one or two tiered hearing system. In states with a two tiered system the decision of the local agency must be made within forty-five days of the initial request for a hearing. The household has a right to appeal that decision to the state agency. In states with only a one tier system the decision must be made within 60 days. Hearing decisions by the agencies must comply with federal law.

While continuing to reflect a good deal of legislative compromise, the 1977 Food Stamp Act is a significant step forward in entitlement legislation. Compromise has dictated the lowering of eligibility standards which will further burden many working poor already struggling in the face of inflation. The limitations of deductions for shelter and child care will work further hardship on our urban poor and larger families. However, the elimination of the purchase requirement will provide several million needy people the means to an adequate diet and the changes in program administration should produce a more efficient and humane service system for recipients.

