LISSA MUSCATINE FILES Box 13 of 22

HRC Manchester Craftsmen's Guild 6/7/96

HRC Florida Press Association 6/8/96

HRC Florida Press Association / FSNE 6/8/96

HRC HOPE Scholarships Event, Valencia Comm College, Orlando, FL 6/8/96

HRC Communications Workers of America 6/10/96

HRC Bob Hope Special 6/10/96

HRC Hungary

HRC Slovakia

HRC Czech Republic

HRC Slovakia

HRC Hungary

HRC Estonia

HRC Finland

HRC Time For Kids Interview 7/22/96

HRC Time Magazine for Kids Election Issue 1996

HRC Art + Preservation in Embassies 7/17/96

HRC Cleveland Bicentennial Video 7/18/96

HRC National Parenting Instructors Association 7/18/96

HRC Women's Suffrage Statue Video 7/18/96

HRC DoDDS 50th Anniversary Video 7/18/96

HRC American Schools Food Service Association Video 7/18/96

ENCLOSURES FILED OVERSIZE ATTACHMENTS 12085

NARA 9438

HRC National Association of WIC Directors Video 5/7/96

HRC Presidential Awards for Excellence in Science + math Teaching 5/8/96

HRC Center for Policy Alternatives 5/10/96

HRC University of Arkansas 5/11/96

HRC Children's Hollywood Drop-By Advocates 5/31/96

HRC Congressional Club Luncheon 5/15/96

HRC Drew University 5/18/96

HRC AARP Biennial Convention 5/22/96

HRC Colorado Forum Children's Advocates Breakfast 5/22/96

HRC University of Maryland Commencement 5/23/96

HRC National Forum for Survivors of Violence Video 5/28/96

HRC Bishop Wilke Video 5/28/96

HRC National Council for International Health Video 5/28/96

HRC Washington Interfaith Network 5/28/96

National Association for Education of Young Children Video 5/28/96

HRC NY Met Exhibit Opening 5/29/96

HRC Covenant House Opening 5/30/96

HRC Muslim Women's League 5/30/96

HRC C.K. McClatchy High School 5/30/96

HRC Everybody Wins Reading Program w/ Congressman Stenholm 6/5/96

HRC Character Education 6/6/96

FIRST LADY HILLARY RODHAM CLINTON
VIDEOTAPED REMARKS FOR
NATIONAL ASSOCIATION OF WIC DIRECTORS
THIRTEENTH ANNUAL CONFERENCE
MAY 7, 1996

I am delighted to take part in your thirteenth annual conference, "N-A-W-D '96, The Spirit of Success." For seventeen years, the National Association of WIC Directors has provided leadership and guidance for our nation as we devise ways to protect the health of our most vulnerable families.

WIC is an example of preventive health care at its best. Studies have shown that WIC families have fewer premature births, low birthweight babies, and infant deaths. Participants are more likely to receive proper prenatal care and immunizations.

Throughout much of our nation's history, programs that help children have received broad bipartisan support because there is so much evidence that early intervention saves money and lives. At a time when too many American children are in crisis, we cannot reduce nutrition assistance for children and families or allow nutritional standards to be weakened.

That is why the President has made it an Administration goal to provide WIC services to all eligible participants in four years. His most recent budget fulfills the promise of full funding, proposing almost $4 billion to serve over seven million women and children.

Our nation cannot compete and thrive in the world unless we are willing to invest in the next generation of American children. Ensuring that our children are properly fed and nourished is one of the soundest investments we can make.

In helping to make the WIC program more responsive to the needs of women, infants and children, you are providing an essential service to our nation. Thank you.

###

yes

OFFICE OF SCHEDULING FOR THE FIRST LADY

DATE _____

ORGANIZATION/ EVENT	Nat'l Assoc. of WIC Directors
DATE	May 12-15
LOCATION	Boston, MA
EVENT DESCRIPTION	13th annual NAWD conference "NAWD '96 The Spirit of Success"
STATUS	**ACCEPT** _____ **REGRET** _____ **PENDING** _____ **VIDEO** _____ **LETTER** _____
CONTACT	~~(A) 202~~ Beeper - 1-800-418-6957 Doug Greenaway 202-232-5492
NOTES	Will send info by Friday

Holly -
Offer a video . .
Patti

to Patti
greeting

NATIONAL ASSOCIATION OF WIC DIRECTORS

NAWD
1627 Connecticut
Avenue, NW
Suite 5
P.O. Box 53405
Washington, DC
20009-3405
FAX 202 387.5281
202 232.5492

14 March 1996

Mrs. William Jefferson Clinton
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mrs. Clinton:

I am writing on behalf of the **NATIONAL ASSOCIATION OF WIC DIRECTORS, NAWD,** to invite you to address our **Thirteenth Annual NAWD Conference, "NAWD '96 The Spirit of Success,"** May 12-15, at the Boston Park Plaza Hotel in Boston, MA.

NAWD is dedicated to maximizing the resources of the Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC. **NAWD's** members - nationally recognized health professionals, nutritionists, and dietitians - are committed to addressing the nutrition and health care needs of the women, infants and children who participate in WIC. Our 1000 members are state, US Territory, Native American and local agency directors and nutritionists who together serve over 7 million program participants. They are the front lines in the battle to improve the quality of life for America's women, infants and children.

To accommodate your schedule, I would like to offer the following for your consideration: the Opening Session, Sunday 12 May, 1:00 - 3:30 PM; the Luncheon, Monday 13 May, 12:00 - 2:00 PM; the Luncheon, Tuesday 14 May, 12:00 - 2:00 PM; or the Banquet, Tuesday 14 May, 6:30 - 10:00 PM.

Please telephone me on 202/232-5492. I look forward to you joining us.

Sincerely,
NATIONAL ASSOCIATION OF WIC DIRECTORS

Douglas A. Greenaway
Executive Director

NATIONAL ASSOCIATION OF WIC DIRECTORS

NAWD
1627 Connecticut
Avenue, NW
Suite 5
P.O. Box 53405
Washington, DC
20009-3405
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202 232.5492

May 1, 1996

Hillary Rodman Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mrs. Clinton:

On behalf of the **NATIONAL ASSOCIATION OF WIC DIRECTORS, NAWD**, I want to thank you for agreeing to prepare a videotape presentation for use during the **NAWD** Annual Conference in Boston, Massachusetts. **NAWD** salutes your long standing support of the WIC Program and its work at ensuring the health and nutritional being of our nation's women, infants and children.

Enclosed are background materials about the Association, with information about the WIC Program, current, critical issues that the Program is facing and the testimony of James Richard, President of **NAWD** before the House Agriculture Subcommittee on Appropriations.

During your video presentation, it would be helpful if you could recognize James Richard, **NAWD** President and Alabama State WIC Director, Eloise Jenks, **NAWD** President-Elect and Director of the Public Health Foundation WIC Program in Irwindale, California, and Mary Kelligrew Kassler, **NAWD** Past President, Conference Chair and Massachusetts State WIC Director for their dedication to **NAWD** and the WIC Program. Mr. James Richard will introduce your video during our Banquet Dinner on Tuesday evening, May 14.

If I can be of further assistance to you as you prepare to make the video presentation, please do not hesitate to contact me on 202/232-5492.

Sincerely yours,
NATIONAL ASSOCIATION OF WIC DIRECTORS

Douglas Greenaway
Executive Director

NATIONAL ASSOCIATION OF WIC DIRECTORS

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The **NATIONAL ASSOCIATION OF WIC DIRECTORS, NAWD**, is a non-profit, voluntary organization of state and local WIC Program directors and nutrition directors. Our over 1,000 members are dedicated to maximizing WIC Program resources through effective management practices.

NAWD's mission is to provide leadership to the WIC community to promote quality nutrition services, serve all eligible women, infants and children and assure sound and responsive management of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The purpose of the Association is to link State WIC Directors, Local WIC Directors, Nutrition Services Coordinators and others in a national forum to act collectively on behalf of the Program to include the following functions:

A. To promote the improved health, well-being and nutritional status of women, infants and children.

B. To provide a national resource network through which selected ideas, materials, and procedures can be communicated to persons working in the WIC community.

C. To promote good management practices and to assist WIC Program Directors at the state and local levels.

D. To act as a resource at the request of governmental bodies and individual legislators regarding issues particular to the health and nutrition of women, infants, and children and to assist WIC clients.

E. To do whatever is necessary to promote and sustain the WIC Program.

Among the critical issues facing the Association and the WIC Program are

- Ensuring the integrity of WIC Program's health based focus;
- Ensuring FY 1997 appropriations to keep the WIC Program on target to reach full funding by the close of the fiscal year;
- Building a partnership with the Centers for Disease Control and Prevention/National Immunization Program which will promote WIC's nutrition mission and increased immunization coverage.
- Exempting the WIC Program from immigration reform legislation.
- Building a partnership between the WIC community and the retail grocers and others serving the WIC Program.

NATIONAL ASSOCIATION OF WIC DIRECTORS
NAWD

Statement of
James Richard, President
NATIONAL ASSOCIATION OF WIC DIRECTORS

before the
Committee on Appropriations,
Subcommittee on Rural Development, Agriculture and Related Agencies

Hon. Joe Skeen, R-NM, Chair

Thursday 18 April 1996

Mr. Chairman and Members of the Committee:

I am James Richard, President of the **NATIONAL ASSOCIATION OF WIC DIRECTORS, NAWD**. I am also the State WIC Director for Alabama. I am pleased to have the opportunity today to discuss appropriations for the Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC, under the administrative jurisdiction of the Food and Consumer Service, FCS, of the United States Department of Agriculture, USDA.

I would like to thank you Mr. Chairman for your support of the WIC Program both nationally as well as in your home state of New Mexico.

I would also like to thank the Ranking Minority Member, Mr. Durbin, as well as members of the Committee for your continuing support for the WIC Program and your interest in promoting the health and welfare of our nation's women, infants and children.

The **NATIONAL ASSOCIATION OF WIC DIRECTORS, NAWD**, is a non-profit voluntary organization of state and local WIC Program directors and nutrition directors. NAWD has a unique perspective on the operation of the WIC Program. Our members are dedicated to maximizing WIC Program resources through effective management practices. NAWD is committed to making the WIC Program more responsive to the nutrition and health needs of women, infants (defined by WIC as 12 months of age and under) and children (defined by WIC as ages 1 to 5 years).

Among **NAWD**'s goals are: the promotion of improved health, well-being and nutrition status for women, infants and children; effective national resource networking to facilitate the communication of ideas, materials and procedures to individuals working the WIC community; the promotion of good management practices; peer assistance to WIC Program directors at the

state and local level; and to act as a resource to government on issues relevant to the WIC Program and to the health and nutrition of women, infants and children.

Currently, WIC serves over 7 million participants per month in the 50 Geographic States, the District of Columbia, Virgin Islands, Puerto Rico, Guam and in 34 Native American States. It reaches nearly 50% of the nation's infants. Of the over 7 million participants served, roughly 1.6 million are women, 1.8 million are infants and 3.7 million are children.

Eligibility for WIC benefits requires that WIC health professionals document potential participants' health or nutrition risk. Potential participants must demonstrate that their family income does not exceed 185% of the Federal poverty income guideline. Previous poor pregnancy outcome, iron deficiency anemia, growth problems, and inadequate diet are among the nutrition and medical factors which place potential participants at nutrition risk.

Preference for service is generally given to pregnant and breastfeeding women and infants with at risk nutrition or health conditions. A lower priority is assigned to children and postpartum mothers at risk of nutrition or health consequences.

WIC's tightly integrated services are devoted to preventive health. Services are delivered through a variety of public health clinics, hospitals, and community, rural and migrant health clinics which have access to health care providers. They include nutrition assessment; nutrition education; breastfeeding support and promotion; information and counseling on the value of folic acid in the diet; special counseling on alcohol, drugs and tobacco abuse; referral to pre-natal and pediatric health care services; immunization screening and referral; and a food prescription accessed with vouchers for the purchase of specific foods selected for key nutrients needed during critical times of growth and development.

NAWD supports the Administration's request of $3.975 million for WIC in Fiscal Year 1997. USDA anticipates that this funding level will allow program administrators to reach nearly 7.4 million participants per month by the close of the fiscal year.

This Committee's strong Bi-partisan support for WIC in fiscal years 1995 and 1996 has kept the Program on track. With this Committee's support for the Administration's modest funding request, WIC will be on target to reach full funding by the close of the fiscal year 1997.

State and local WIC Programs have done a tremendous job of utilizing their allocated grants, to increase caseload and reach unserved eligibles. Still, several factors are contributing to a pool of unspent funds in the current fiscal year.

Among the positive factors are:

- o the generally improved state of the national economy;
- o low food cost inflation;
- o and tremendous cost containment cost savings generated by highly successful infant

formula rebate contracts - resulting in the generation of over $1.1 billion in savings to the federal government in fiscal year 1994.

Among the challenging factors are:

o the reallocation by USDA of a large share of carryover funds in the last quarter of the fiscal year. At the urging of **NAWD** and state WIC Programs, the Department has made an improved effort to achieve earlier reallocations by adding an April reallocation. Still, this pattern continues to affect the ability of states to add caseload, negatively impacting the overall carryover rate;

o limitations on infrastructure capabilities supporting client and management needs - the capacity of management information systems which have limited the availability of financial management, client and other data, staffing freezes imposed by state and local governments, and overcrowded clinic facilities;

o the placement of additional programmatic requirements upon the program which, if continued, may jeopardize the ability of staff to meet the core mission of WIC - nutrition education and support.

Together, these factors have challenged states' and locals' abilities to fully utilize their grants.

Clearly, more frequent and earlier reallocation by USDA will allow states in a growth mode to take advantage of available resources earlier in the fiscal year. This should lead to a reduction in the overall rate of carryover funds.

Should the course of nation's economy take a dramatic turn, or food cost inflation begin to increase, WIC agencies would be forced to rachet down participation levels, throwing thousands off of the program. For this reason, **NAWD** supports the creation of a contingency fund to provide for ready resources to ensure continuity in the program and prevent negative nutrition and health consequences for the women, infants and children we serve. This is a responsible solution to the potential uncertainty WIC could face.

Although, the recent withdrawal of Wyeth-Lederle from the domestic formula market has resulted in a somewhat uncertain and fluid situation, WIC's cost containment efforts have led states to experience significant increases in infant formula rebate revenues. The generation of these rebate dollars has resulted in a huge infusion of food dollars into the Program without corresponding nutrition services and administrative, NSA, dollars required to provide nutrition related services and to manage the Program. This situation has contributed significantly to the pool of carryover funds. WIC should be given the increased authority to convert some portion of these rebate revenues to NSA funds as rebate revenues are earned. This would dramatically assist states and locals address very real infrastructure costs of adding participants to the Program.

I would like to briefly call your attention to a letter I recently forwarded to your offices indicating the percent of actual dollars spent on program management. Seventy-four percent of the monies appropriated for WIC are spent on the foods in the food prescription. Of the

remaining twenty-six percent, 11% are spent on client services, 5% on nutrition education, 1% on breastfeeding support and education and only 9% are spent on program management costs including administration, salaries, facilities and vendor operations and compliance. Succinctly put, WIC runs a tight ship! Still, the shortfall in adequate NSA funding, results in nutrition services limitations and infrastructure shortcomings which contribute to WIC's challenge to fully utilize all the available appropriated resources.

In spite of these limitations and challenges, state and local WIC agencies have implemented a variety of positive initiatives resulting in tremendous health benefits for their clients as well as creative, entrepreneurial policies designed to reach as many eligible participants as possible.

I would like to share with you a few of these efforts from WIC Agencies in communities that members of this Committee represent.

In the Pueblo of San Felipe, in Mr. Skeen's home state of New Mexico, the WIC clinic is involving the men of the community to plan and run a health fair for the Pueblo with a goal of promoting the participation of fathers in WIC clinic activities and in the overall health of their children. The Pueblo clinic staff have designed nutrition education courses to appeal to all family members with a goal of addressing some of the community's specific nutrition problems especially diabetes education, obesity issues and promoting exercise and weight loss and the selection of low fat foods. The Pueblo currently serves 80% of the community's children under the age of 5 years and has made tremendous strides in reducing the incidence of iron-deficiency anemia.

In Ms. Kaptur's home state of Ohio, state and local WIC Agencies have joined in a successful effort to develop "a combined programs application." This has resulted in increased referrals to WIC, decreased outreach costs, and the inclusion of WIC participants in other essential health related programs.

In Savannah, Georgia, the East Health District WIC Program, an agency in Mr. Kingston's district, has promoted extended clinic hours to encourage full participation by both parents. Clinic hours run from 7:00 AM to 7:00 PM, with fathers at the Hunter Army AAF Clinic participating at a rate of better than 50% for all clinic visits. The East Health District WIC Program serves nearly 9,000 residents in Mr. Kingston's district - over 4,700 of these are children. These Savannah parents often express to the clinic staff how proud they are of the positive health outcomes that WIC has helped their children achieve.

In Hillsboro, Illinois, a community in Mr. Durbin's district, the Montgomery County Health Department supports the participation of both parenting partners at all clinic appointments. Hours of operation run through lunch as well as early morning and extended hours to facilitate full parental participation, accommodating working parents or parents who are attending school.

Over the past 14 years, Montgomery County WIC has helped to promote a decrease in baby bottle tooth decay of from 1 in 10 babies to 1 in 100 babies; the agency has experienced a

decrease from 22% to 9% in the number of children with nutritionally related medical conditions, reduced the number of infants and children with low hemoglobin from 70% to 7%, and since 1990, increased immunization coverage for 2 year olds from 62% to 98%. The agency has also seen, through its aggressive marketing, peer counseling and education efforts, an increase in breastfeeding rates of 13% to 42%. Montgomery WIC advised that this has resulted in healthier, calmer babies with fewer allergies, colds and ear infections and improved motor and verbal skills. The agency also feels that its smoking education and counseling efforts have paid off, reducing the number of smoking moms from 38% to 19% since 1982.

At the West Central Community Center WIC Agency in Spokane, Washington, Mr. Nethercutt's home State, a special effort is made to reach out to the eligible infants and children of single fathers. One dad recently advised the Agency that, "WIC helps me focus on what I should be feeding my baby. I rely on WIC to give me the information I need as a single dad." Fathers are encouraged to participate in nutrition assessments, individual and class nutrition education discussions, and grocery shopping trips.

One WIC family, the Jacqueline and Scott Pethers, at the West Central Community Center know just how valuable WIC is. Both working parents, Jacqueline's job did not offer her maternity leave and so after giving birth, in September of 1993, to a premature baby girl as a result of an unusual medical condition which resulted in an early delivery, Jacky was forced to leave her job and so the couple turned to WIC. With advice and support from WIC staff, Jacky accepted breastfeeding as the optimal method of feeding her new 2 pound 2 ounce daughter, Bethany. Jacky's daily breast pumped milk, personally delivered to the hospital, was tube fed to the Pethers' newborn. After 7 weeks, Bethany was released and monitored by WIC, while her mom and dad received nutrition education and a food prescription to meet her mom's specific nutritional needs. Bethany weighed 3 and 1/2 pounds when she was enrolled in WIC. At 2 and 1/2 years, Bethany, thanks to concerned parents and the WIC Program, is now a healthy, happy child.

In the Cayuga County WIC Program of Auburn, New York, in Mr. Walsh and Ms. Lowey's home state, the Cayuga Agency has designed its nutrition education and counseling sessions to address critical nutrition linked health problems - growth stunting and obesity - identified in a Community Nutrition Study involving the Cayuga County Health Department as a significant problem among the County's 2-5 year olds. In Auburn, as in so many other communities, the Cayuga County WIC Agency reports that access to health care is limited for low-income families. Here, in Cayuga, while WIC acts as the entry point into the County's health care system for many eligible families, WIC is often the primary source of preventive medicine.

In Mr. Myers' district, the Tippecanoe County WIC Program, in Lafayette, Indiana, reports that 12 month old Autumn first came to Tippecanoe WIC for certification just over 8 months ago. Her mom reported that Autumn had not been feeling well. During her WIC certification, it was found that her hemoglobin was over 4 points below the normal level for a child her age. Autumn was referred immediately to a pediatrician who called to thank WIC for the referral. Autumn it turned out, not only suffered from low hemoglobin, but acute leukemia. At her next certification, the

WIC staff learned that their quick action, had, quite literally, saved Autumn's life. Had the low hemoglobin not been identified as a problem and the consequent discovery of her leukemia in follow-up lab tests, she would have lived less than two weeks. Autumn is now completing chemotherapy and her leukemia is in remission. Her doctors and family all credit WIC with saving Autumn's life.

Clearly, in Autumn's life, in the life of Bethany, and in the life of millions of this nation's infants and children, WIC has been the critical difference.

More than 70 evaluation studies have demonstrated the effectiveness of WIC and shown that the medical, health and nutrition successes achieved by the Program for women, infants and children are delivered in a cost-effective manner.

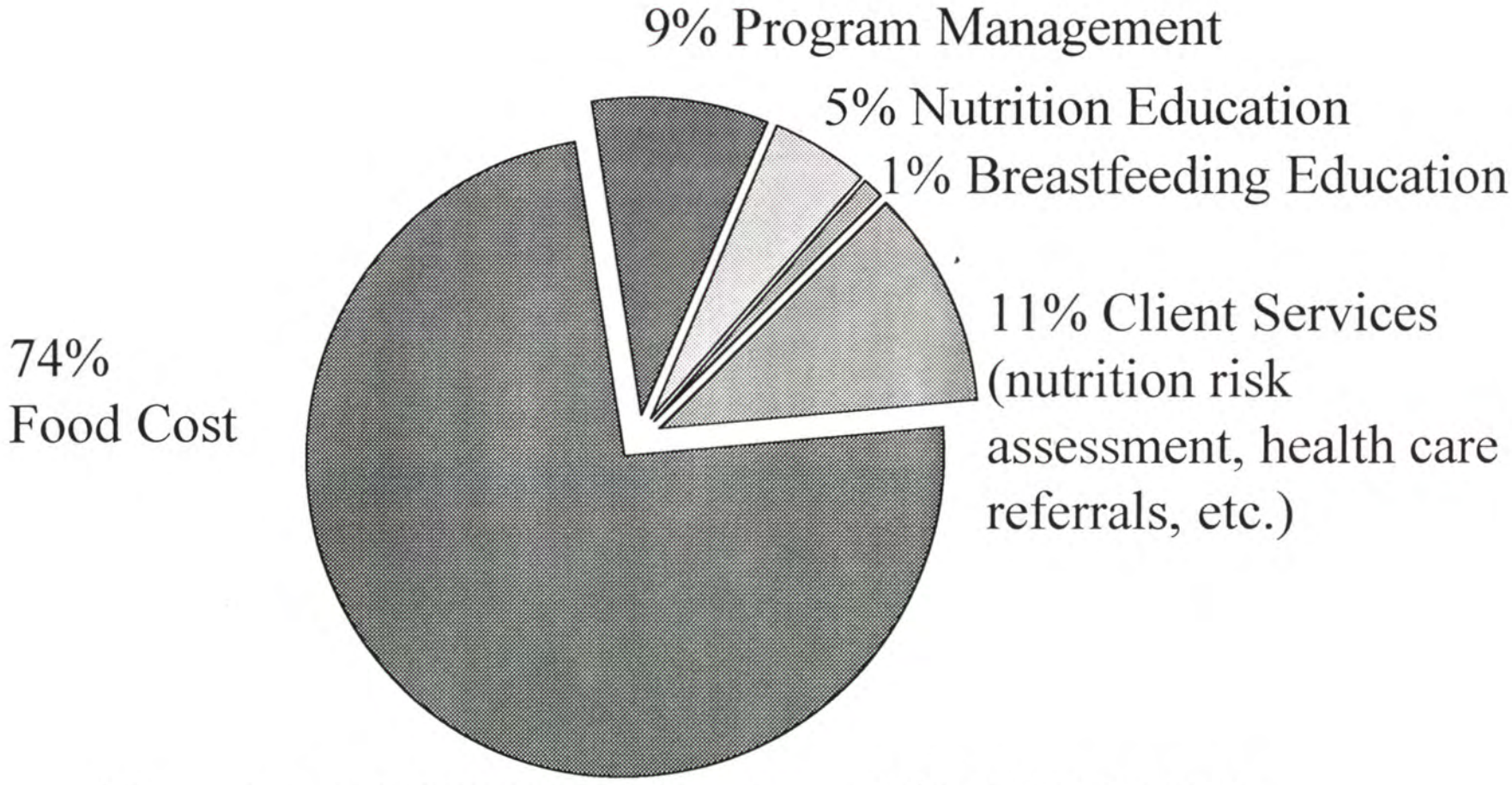
WIC participation has resulted in significant increases in the numbers of women receiving adequate prenatal care. WIC is directly responsible for lowering the infant mortality rate by 25%-66% among Medicaid beneficiaries participating in WIC. Four and five year olds participating in WIC in early childhood have better vocabularies and digit memory scores than children not participating. And WIC participation leads to higher rates of immunization against childhood diseases.

Funding WIC just makes plain, good economic sense! Your commitment to WIC saves your constituents millions in federal tax dollars! The average cost of providing WIC services to a woman throughout her pregnancy is $283.00. That equates to $1.34 per day or $40.00 per pound for an average birthweight of an infant of 7 pounds. When this is related to the current cost of $22,000 per pound to increase the weight of a very low birth weight infant - there can be no comparison.

As you consider this Congress' commitment to the nation's women, infants and children and the future productivity to this nation's economy, **NAWD** hopes that you will support the Administration's proposal to fund the WIC Program at $3.975 billion in fiscal year 1997. Your support for the Program will ensure that WIC remains the "Gateway to Good Health" for the nation's women, infants and children.

In conclusion, Mr. Chairman, the **NATIONAL ASSOCIATION OF WIC DIRECTORS, NAWD**, looks forward to working with you and the members of this Subcommittee as you consider resource commitments for the WIC Program. **NAWD**'s Executive Director, Douglas Greenaway and I stand ready to assist you in any way possible during this process. Again, thank you for the opportunity to come before you today. I will gladly respond the any questions you may wish to address to me or provide you with supplemental information as you require.

Total WIC Program Funding*



*Based on FY1994 WIC Funding of $3,160,971,833.

TALKING POINTS PREPARED FOR USE BY
FIRST LADY HILLARY RODHAM CLINTON
NATIONAL ASSOCIATION OF WIC DIRECTORS ANNUAL CONFERENCE
BOSTON, MASSACHUSETTS
MAY 12, 1996

- This Administration has placed a new emphasis on nutrition as an important preventive health measure for all Americans. President Clinton supports federal nutrition programs, not only to strengthen the national nutrition safety net, but to improve the health of low-income families and children.

- And WIC is an example of preventive health care as its best. Studies have shown that WIC participants have fewer premature births, a lower incidence of low birthweight, fewer infant deaths, and a greater likelihood of prenatal care. WIC also reduces the incidence of anemia in children and increases immunization rates among preschool children.

- WIC is also cost effective. Prenatal participation in WIC by low-income women saves over $3 in Medicaid costs for every dollar invested.

- Because WIC works, the President made it an administration goal to provide WIC services to all eligible participants in four years. His FY 1997 budget fulfills the promise of full funding. He has proposed $3.9 billion for the WIC Program, to serve 7.5 million women and children monthly by the end of 1997.

- Established as a permanent program in 1974, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children who are found to be at nutritional risk. WIC programs are administered through state health departments and provide food checks that participants use at about 46,000 authorized food stores nationwide. A wide variety of state and local organizations cooperate in delivering food benefits and high quality services to WIC participants.

- The program's three components--a nutritious food package, nutrition education, and referrals to health care--result in real improvements in the health of participants.

- About 45 percent of babies born in the U.S. are served by WIC, so WIC has an unequaled opportunity to have a nutritional impact early in the lives of children. Of the 7 million people who received WIC benefits each month in FY 1995, 3.5 million were children, 1.8 million were infants, and 1.6 million were women.

- The WIC Farmers' Market Nutrition Program (FMNP) provides additional coupons to WIC recipients that they can use to

buy fresh fruits and vegetables from authorized farmers or farmers markets. This program expands awareness and use of farmers' markets. Thirty-one state agencies (including Massachusetts) now administer federally funded WIC farmers' markets.

- The WIC Program promotes breastfeeding as the best form of nutrition for infants. In addition to support and encouragement, breastfeeding WIC mothers receive a larger food package and are eligible to stay on WIC for a longer period of time than non-breastfeeding postpartum women. A General Accounting Office report released in December 1993 showed that WIC's promotion efforts have increased the incidence of WIC breastfeeding.

- In support of the Vice President's strategic plan to expand Electronic Benefit Transfer (EBT) of government-funded benefits nationwide, USDA's Food and Consumer Service promotes the expanded use of EBT in WIC. FCS is working with a committee of the National Association of WIC Directors on issues related to the use of EBT in the WIC Program. In early 1995, the first combined Food Stamp/WIC EBT pilot project using smart card technology began operating in Wyoming.

- By law, states must use at least one-sixth of WIC

administrative funds to provide nutrition education to participants, accounting for much of WIC's success in improving the health of its participants.

- Up to now, Team Nutrition, the public-private partnership USDA created to support school efforts to improve school meals and promote food choices for a healthful diet, has focused on nutrition education for school-aged children. With these efforts firmly in place, USDA is expanding Team Nutrition principles and materials to further strengthen nutrition education in the WIC Program.

- The WIC Farmers' Market Nutrition Program has joined as a Team Nutrition Partner. This means farmers markets will become active participants in local activities that teach children about good nutrition.

- WIC has achieved major cost savings by obtaining rebates from infant formula companies. In 1995, rebate savings were over $1 billion.

Date: 5/3

USDA USDA USDA USDA USDA USDA

Food and Consumer Service
Public Affairs Staff
3101 Park Center Drive
Room 815
Alexandria VA 22302

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(703) 305-2000 (Publications Branch)
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FAX Transmittal

To: Sabrina Colette

From: Alicia Bambara

Number of Pages: 4 + Cover

Comments: Talking Points on WIC.

202/456-5709

WIC – FOR THE LOVE OF CHILDREN

WIC FOOD PRESCRIPTION - MEETING NUTRITIONAL NEEDS

WIC provides a monthly prescription of nutritious foods tailored to supplement the dietary needs of participants. The foods are specifically chosen to provide high levels of protein, iron, calcium and Vitamins A and C, nutrients which have been scientifically shown to be lacking or needed in extra amounts in the diets of the WIC population*. These five nutrients plus calories and other essential nutrients provided by the WIC food prescription are critical for assuring good health, growth and development.

WIC foods include milk, cheese, iron-fortified breakfast cereal and infant cereal, Vitamin C rich fruit or vegetable juice, eggs, dry beans or peanut butter. In addition, breastfeeding women receive tuna and carrots. Non-breastfeeding infants receive iron-fortified infant formula.

While the food prescription provides choices that contain higher amounts of fat, an important nutrient to young children and adults, a variety of food choices are also available to participants who wish to lower their fat intake. Participants may choose lowfat milk and cheese, dry beans instead of peanut butter and water-packed tuna without sacrificing other essential nutrients.

WIC FOOD	KEY NUTRIENTS PROVIDED	FEDERAL STANDARDS
MILK	*protein, calcium, Vitamins A and D, folate, riboflavin*	USDA requires that each quart of fluid or dry whole, lowfat or nonfat/skim milk must contain 400 International Units (IU) of Vitamin D and 2000 IUs of Vitamin A.
CHEESE	*protein, calcium, Vitamins A and D, riboflavin*	USDA requires that cheese must be made from milk and not be an imitation product or cheese food.
IRON FORTIFIED CEREAL	*iron, B Vitamins*	USDA requires that each serving of dry cereal contain a minimum of 28 milligrams of iron and not more than 21 grams of sugars.
JUICE	*Vitamin C, folate*	USDA requires that juice be 100% juice and a 1/2 cup contain at least 36 milligrams of Vitamin C.
EGGS	*protein, Vitamins A and D*	
DRY BEANS/ PEANUT BUTTER	*protein, B Vitamins, folate, fiber*	
IRON FORTIFIED INFANT FORMULA	*If a women chooses not to breastfeed, then iron-fortified formula is the best alternate source of essential nutrients for her infant.*	
CARROTS	*beta-carotene, a form of Vitamin A*	
TUNA	*protein, folate*	

NAWD

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20009-3405

FAX 202 387.5281

202 232.5492

* Some sources of information used to determine which nutrients are lacking from the diets of the WIC population:

- Recommended Dietary Allowances, Institute of Medicine, National Research Council, National Academy of Sciences.
- National Nutrition and Health Examination Surveys (NHANES), National Center for Health Statistics, Public Health Service, Department of Health and Human Services.
- National Food Consumption Surveys/Continuing Survey of Food Intakes by Individuals (NFCS, CSFII), Nutrition Monitoring Division, Human Nutrition Information Service, U.S. Department of Agriculture.
- Technical Paper, Review of WIC Food Packages, Food and Nutrition Service, U.S. Department of Agriculture, November 1991.
- National WIC Evaluation: Evaluation of the Special Supplemental Food Programs for Women, Infants and Children, American Journal of Clinical Nutrition 48:319-519, 1988.

January 3, 1994

W.I.C.
15 Straw Ave
Florence, MA 01060

Northampton, MA
01060

Dear W.I.C.:

I am pleased beyond measure to announce that my family's financial situation has improved to such a degree that we will no longer need the generosity of W.I.C. The services have helped us tremendously for the last 2 years (more or less), and we are very grateful. Of all the agencies which helped us, W.I.C. has always had the most respectful staff. In our time of great need, we became quite distressed and weary, psychologically as well as physically. Visiting W.I.C. offices always proved somewhat reassuring.

I will never forget how delicious the apple juice tasted when we used our first WIC voucher - we were too poor to buy any food at all at the time, and I was 8 months pregnant. Now, when I grocery shop, I keep in mind the advice of WIC's nutritionists. Out of habit, I buy the juices, cheeses, beans, etc. even when I have no vouchers.

Opportunity has smiled upon us, as I first noted, and my husband's income has doubled (beginning Feb. 1). (He will be working for a family business - a generous offer). I am returning to college at long last. Our future looks bright, and we are very relieved. Thanks to WIC we are also in good health! Bonnie is a joy - a beautiful child of hope.

Thank you - you are all very appreciated!!! sincerely -

WIC – FOR THE LOVE OF CHILDREN

WIC - THE GATEWAY TO GOOD HEALTH

Over Seventy Evaluation Studies and Reports Have Demonstrated the Effectiveness of WIC and Proved Medical, Health and Nutrition Successes for Women, Infants and Children.

WIC Achieves the Goals of Good Health and Nutrition for Families:

- WIC provides access to maternal, prenatal and pediatric health care services for a targeted high risk population. It is a short-term intervention program designed to influence lifetime nutrition and health behaviors.

- WIC provides quality nutrition education and services, breastfeeding promotion and education and a food prescription to qualified participants.

- WIC is administered through State, Tribal and Territorial Health Agencies.

WIC Is Cost Effective:

- Every dollar spent on pregnant women in WIC produces $1.92 to $4.21 in Medicaid savings for newborns and their mothers.
  The Savings in Medicaid Costs for Newborns and Their Mothers Resulting From Prenatal Participation in the WIC Program, Mathematica Policy Research, Inc., 1991

- Medicaid costs were reduced on average from $12,000 to $15,000 per infant for every very low birthweight prevented.
  Very Low Birthweight Among Medicaid Newborns in Five States: The Effects of Prenatal Participation, Mathematica Policy Research, Inc., 1992

- In 1990 the federal government spent $296 million on prenatal WIC benefits averting $853 million in health expenditures during the first year of life.
  Federal Investments Like WIC Can Produce Savings, General Accounting Office, 1992

- On this initial investment, total savings in health and education related expenditures over WIC children's 18 years of life amounted to over $1 billion.
  Federal Investments Like WIC Can Produce Savings, General Accounting Office, 1992

- Through states' efforts to contain costs in 1994, $1.1 billion in non-tax revenues have been generated through competitive bidding of infant formula to serve nearly 1.5 million participants.
  USDA, 1994

NAWD

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Washington D.C.

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202 232.5492

WIC Improves Prenatal Outcomes:

- WIC participation has resulted in significant increases in the numbers of women receiving adequate prenatal care.

  The National WIC Evaluation, USDA, 1986
  Kotelchuck, M., et. al. WIC Participation and Pregnancy Outcomes: Massachusetts Statewide Evaluation Project, Amer. J. of Public Health, 1086-92 (74), 1984.

- WIC is responsible for improving the dietary intake of pregnant and postpartum women.

  The National WIC Evaluation, USDA, 1986
  Bailey, L.B., et. al. Vitamin B6, Iron and Folacin Status of Pregnant Women, Nutr. Res., 783-793 (6), 1983.

- Each additional month a pregnant women received WIC food vouchers was associated with increased infant birth weight (low birth weight decreased 32 percent).

  Kennedy, E., et. al. Evaluation of the Effect of WIC Supplemental Feeding on Birth Weight, J. Amer. Dietetic Assoc., 220-7 (80), 1982.

- Women receiving Medicaid and prenatal WIC services had substantially lower rates of low and very low birth weight babies than women who received Medicaid, but no prenatal WIC.

  Federal Investments Like WIC Can Produce Savings, General Accounting Office, 1992

WIC Improves Infant Health:

- Infant mortality during the first 28 days was reduced with WIC participation in all states except Minnesota.

  Infant Mortality Among Medicaid Newborns in Five States: The Effect of Prenatal WIC Participation, Mathematica Policy Research, Inc, 1993

- WIC is directly responsible for lowering the infant mortality rate by 25%-66% among Medicaid beneficiaries participating in WIC.

  Infant Mortality Among Medicaid Newborns in Five States: The Effect of Prenatal WIC Participation, Mathematica Policy Research, Inc, 1993

- Recent surveys have demonstrated that breastfeeding rates among WIC mothers around the nation have increased from between 10% and 25%. In 1994, WIC mothers increased their breastfeeding initiation rates to 44% from 34% in 1990.

  WIC's Efforts to Promote Breastfeeding Have Increased, General Accounting Office, 1993
  Ross Laboratories' Mothers Survey, Ross Division of Abbott Laboratories, 1994.

- In Colorado, exclusively breastfeeding a WIC infant saved $160.00 in the first six months of life from lower WIC and Medicaid costs.

  The Economic Benefit of Breastfeeding an Infant Enrolled in the WIC Program, Colorado Department of Public Health and Environment, 1995

WIC Improves Child Health:

- 4 and 5 year old children who participated in WIC during early childhood have better vocabularies and digit memory scores than children not participating in WIC.
  The National WIC Evaluation, USDA, 1986

- WIC has a major impact on reducing anemia among children compared to those children not enrolled in WIC.
  Yip, Jnl. of the American Medical Association 258 (12), 1987

- WIC participation leads to higher rates of immunization against childhood diseases.
  The National WIC Evaluation, USDA, 1986; Bennett, Tri-County Health Department, CO, 1994

- WIC significantly improves children's diets and their intake of vitamins and nutrients including, iron, vitamin C, thiamin, protein, niacin and vitamin B6.
  The National WIC Evaluation, USDA, 1986
  Brown, J., et. al. Effect of Income and WIC on the Dietary Intake of Preschoolers: Results of a Preliminary Study, J. Amer. Dietetic Assoc., 1189-1191 (86), 1986.

WIC Is A Public Health Program Which Accomplishes These Goals Through:

- Certification of nutrition risk;

- Health status monitoring - including prenatal weight gain, infant and child growth, dietary intake, blood indices;

- Pregnancy monitoring and post partum interviews;

- Nutrition education - including diet counseling/optimal food intake, food buying, storage and preparation, diet/disease relationship and special attention to folic acid deficiency;

- Immunization screening;

- Breastfeeding support and promotion - including breastfeeding education and counseling, instruction on pump usage & milk storage;

- Medicaid referral, drug education and counseling referral, smoking cessation counseling;

- Family crisis intervention, child abuse and neglect monitoring;

- Coordination with Medicaid, AFDC, Food Stamps, homeless programs, EFNEP, child support enforcement, Heathy Start, Migrant and Community Health Centers and Head Start.

Levels of Service

- 9,000 clinics nationwide in 1995 served over 7 million participants including 818,000 pregnant, 276,000 breastfeeding, 516,000 post partum woman, over 1.8 million infants, 3.65 million children monthly.

- WIC Program services are held in:
  - Local Public Health Agencies
  - Community, Rural, Migrant Health Centers
  - Indian Health Centers
  - Hospitals
  - Churches
  - Schools
  - Red Cross Agencies
  - Community Action Agencies
  - Private Providers
  - Health Maintenance Organizations
  - Head Start Centers
  - Other Non-Profit Health Care Agencies

WIC - FOR THE LOVE OF CHILDREN

July 14, 1995

Dear Friend of the WIC Program:

WIC is in its 21st year of successfully ensuring the health and nutritional well-being of families and children. Nearly 53 percent of the families and children WIC serves do not participate in any federal welfare programs.

WIC is a child health and nutrition program that works.

- More than 70 evaluation studies have demonstrated that WIC improves pregnancy outcomes and child health and contributes to a reduced incidence of anemia in young children.
- WIC children have higher immunization rates against diseases.
- WIC lowers infant mortality rate by 25%-66% among Medicaid beneficiaries.
- WIC 4 and 5 year olds have better vocabularies and digit memory scores than non-WIC children.
- WIC actively promotes breastfeeding as the optimal form of infant nutrition - preventing or moderating health problems.

WIC is a federal program that saves money.

- The US General Accounting Office estimated that in 1990 WIC benefits averted $740 million in health and special education expenditures.
- Total savings in health and education-related expenditures amounted to over $1 billion for children through 18 years of life who participated in WIC during early childhood (infancy through 5 years).

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202 232.5492

WIC is a lean model for entrepreneurial government.

- In 1994, $1.1 billion in non-tax revenues were generated by WIC infant formula cost containment systems allowing 1.5 million more participants to be served.

WIC enjoys bipartisan support.

- Senate Majority Leader Robert Dole, R-KS, one of WIC's founding fathers, said in defending WIC against previous attempts to block grant the Program, "that there is and should be a continuing primary responsibility of the federal government in ... child nutrition programs. The Federal Government should not back away from its commitment." "We all know how successful the WIC Program is at meeting the food and nutrition education needs of its clients. I, for one, don't want to see that success imperiled."

- Senator Patrick Leahy, D-VT, a strong supporter of WIC, said [WIC] is not a political question...it is not even an economic question, even though it makes great economic sense because a healthy child is a child that learns, a healthy child from the time of infancy on, is one who has far less illnesses, and far less cost for that, but in this country it is truly a moral issue."

If block granted, WIC would lose critical quality assurance safeguards for health and nutrition, the food prescription, eligibility and other Program requirements. Congress could no longer effectively measure health outcomes and the cost effectiveness of Program services.

In addition to reducing the ability of the WIC Program to efficiently serve those in need, block granting will potentially harm the food and agriculture economy by a significant decline in food purchases.

It is critical that the United States maintain the integrity and success of its WIC Program, if WIC is to continue to achieve the health and nutrition successes that have made WIC the "Gateway to Good Health."

We urge you to consider the serious consequences that block granting WIC will have on the health of the nation's women, infants and children. Dismantling 21 years of health and nutrition success is neither good government nor in the best interest of the American people.

Sincerely,

ALABAMA WIC PROGRAM
AMERICAN ACADEMY OF PEDIATRICS
AMERICAN COLLEGE OF NURSE MIDWIVES
AMERICAN DIETETIC ASSOCIATION
AMERICAN FRIENDS SERVICE COMMITTEE
AMERICAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION OF STATE & TERRITORIAL PUBLIC HEALTH NUTRITION DIRECTORS
ATHENS/PERRY COUNTY WIC PROGRAM, OH
BLACKSTONE VALLEY COMMUNITY HEALTH CARE, RI
BRADFORD HOSPITAL WIC PROGRAM, PA
BREAD FOR THE WORLD
CALIFORNIA STATE WIC ASSOCIATION
CAPITAL AREA COMMUNITY FOOD BANK
CHEYENNE RIVER SIOUX TRIBE
CLERMONT COUNTY WIC, OH
COMMUNITY ACTION SOUTHWEST
COMMUNITY & ECONOMIC DEVELOPMENT ASSOCIATION, IL
CRAWFORD COUNTY WIC PROGRAM, OH
DELAWARE COUNTY WIC PROGRAM
FAMILY HEALTH COUNCIL OF CENTRAL PENNSYLVANIA
FAMILY HEALTH COUNCIL, INC., PA
FAMILY RESOURCES, INC. - WIC PROGRAM, OR
FOOD RESEARCH ACTION CENTER
FORD COUNTY HEALTH DEPARTMENT, KS
GEORGIA CHAPTER OF THE MARCH OF DIMES
GEORGIA COMMISSION ON CHILDREN AND YOUTH
GEORGIA DEPARTMENT OF EDUCATION
GEORGIA DEPARTMENT OF HUMAN RESOURCES
GEORGIA DEPARTMENT OF LABOR
GEORGIA DIETETIC ASSOCIATION
GEORGIA GROCER'S ASSOCIATION
GEORGIA HEALTHY MOTHERS-HEALTHY BABIES COALITION
GEORGIA JUVENILE JUSTICE DEPARTMENT
GEORGIA MATERNAL CHILD HEALTH INSTITUTE
GEORGIA PUBLIC HEALTH ASSOCIATION
GEORGIA REGIONAL BOARDS OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE
GEORGIA STATE UNIVERSITY
HAMILTON HEALTH CENTER, INC., PA
HILL HEALTH CORPORATION, CT
HISPANIC-AMERICAN COUNCIL OF ERIE, INC., PA
HOME NURSING AGENCY COMMUNITY SERVICES
INDIANA WIC COORDINATORS' ASSOCIATION
INTER-TRIBAL COUNCIL OF THE FIVE CIVILIZED TRIBES OF OKLAHOMA
INTERNATIONAL LACTATION CONSULTANT ASSOCIATION
IRONTON-LAWRENCE COUNTY WIC PROGRAM, OH
JESUIT SOCIAL MINISTRIES, NATIONAL OFFICE
KANSAS NAWD LOCAL AGENCIES MEMBERS
KANSAS WIC ADVISORY COMMITTEE
LA LECHE LEAGUE INTERNATIONAL

LUTHERAN OFFICE FOR GOVERNMENT AFFAIRS, ELCA
MASON COUNTY HUMAN SERVICES COORDINATING COUNCIL MEMBERS, MI
MASSACHUSETTS ASSOCIATION OF WIC DIRECTORS
MEDICAL ASSOCIATION OF GEORGIA
MEDICAL COLLEGE OF GEORGIA
MEIGS COUNTY WIC PROGRAM, OH
MID-OHIO VALLEY DIETETIC ASSOCIATION
MINORITY HEALTH EDUCATION DELIVERY SYSTEMS, INC., PA
MUSKINGUM COUNTY WIC PROGRAM, OH
NATCHITOCHES OUTPATIENT MEDICAL CENTER-WIC PROGRAM, LA
NATIONAL ALLIANCE OF NURSE PRACTITIONERS
- AMERICAN ACADEMY OF NURSES PRACTIONERS
- AMERICAN ASSOCIATION OF OCCUPATIONAL HEALTH NURSES
- AMERICAN COLLEGE HEALTH ASSOCIATION
- ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC, NEONATAL NURSES
- NATIONAL ASSOCIATION OF PEDIATRIC NURSE ASSOCIATES AND PRACTIONERS
- NATIONAL CONFERENCE OF GERONTOLOGICAL NURSE PRACTIONERS
- NURSE PRACTIONERS ASSOCIATION FOR CONTINUING EDUCATION

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS
NATIONAL ASSOCIATION OF FARMERS' MARKET NUTRITION PROGRAMS
NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS
NATIONAL ASSOCIATION OF SOCIAL WORKERS
NATIONAL ASSOCIATION OF WIC DIRECTORS
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE
NATIONAL COUNCIL OF CHURCHES
NATIONAL COUNCIL OF JEWISH WOMEN
NATIONAL COUNCIL OF LaRAZA
NATIONAL INDIAN & NATIVE AMERICAN WIC ASSOCIATION
NATIONAL HEAD START ORGANIZATION
NETWORK: A NATIONAL CATHOLIC SOCIAL JUSTICE LOBBY
NEW HAMPSHIRE WIC DIRECTORS ASSOCIATION
NEW JERSEY FORUM OF WIC COORDINATORS
NORTH CAROLINA ASSOCIATION OF LOCAL NUTRITION DIRECTORS
OHIO DIETETIC ASSOCIATION
PASSAIC ALLIANCE FOR THE PREVENTION OF SUBSTANCE ABUSE, NJ
PENNSYLVANIA ASSOCIATION OF WIC DIRECTORS
PENNSYLVANIA COALITION ON FOOD & NUTRITION
PIKE COUNTY WIC/COMMUNITY ACTION, OH
PRESBYTERIAN CHURCH USA
ROSEBUD SIOUX TRIBE
SAN CARLOS APACHE TRIBE WIC PROGRAM, AZ
TEXAS ASSOCIATION OF LOCAL WIC DIRECTORS
THE COMMUNITY ACTION PROGRAM OF WASHINGTON-MORGAN COUNTIES, OH
THE NATIONAL COUNCIL OF NEGRO WOMEN, INC.
THE UNITED METHODIST CHURCH, GENERAL BOARD OF CHURCH & SOCIETY

THE WIC ASSOCIATION OF MICHIGAN
UNION OF AMERICAN HEBREW CONGREGATIONS
UNITARIAN UNIVERSALIST SERVICE COMMITTEE
UNITED CHURCH OF CHRIST, HUNGER ACTION OFFICE
UNITED CHURCH OF CHRIST, OFFICE FOR CHURCH IN SOCIETY
UNITED NEIGHBORHOOD FACILITIES HEALTH CARE CORPORATION, PA
UNIVERSITY OF GEORGIA
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY WIC PROGRAM
URBAN BISHOPS COALITION OF THE EPISCOPAL CHURCH
WALSH COUNTY HEAD START PROGRAM, ND
WALSH COUNTY HEALTH DEPARTMENT, ND
WALSH COUNTY WIC PROGRAM, ND
WASHINGTON ASSOCIATION OF LOCAL WIC AGENCIES
WICHITA DISTRICT DIETETIC ASSOCIATION, KS
WIC ASSOCIATION OF MISSOURI INCORPORATED
BILL ANOATUBBY, GOVERNOR, THE CHICKASAW NATION
DONALD F. ERIACHO, GOVERNOR, PUEBLO OF ZUNI
BILL S. FIFE, CHIEF, MUSCOGEE (CREEK) NATION
JERRY HANEY, CHIEF, SEMINOLE NATION OF OKLAHOMA
WILMA P. MANKILLER, CHIEF, THE CHEROKEE NATION
HOLLIS ROBERTS, CHIEF, CHOCTAW NATION OF OKLAHOMA
HOLLY EISCH, MN
AMEDA EGNELL CORPORATION
BEECH-NUT NUTRITION CORPORATION
HEMOCUE, INC., Mission Viejo, CA
AURATECH, INC., Greensboro, NC
CIN-MED ASSOCIATES, INC., Magnolia, NJ
DeCENTECH, INC., South St. Paul, MN
DIACOM, Nokomis, FL
JOE DAWSON AND ASSOCIATES, INC., Louisville, KY
MLH ENTERPRISES, INC., Scarsdale, NY
RYAN DIAGNOSTICS, INC., Montgomery, IL
VITRON, INC., Vienna, VA
RALSTON FOODS, INC., a subsidiary of Ralcorp Holdings, Inc.

WIC – FOR THE LOVE OF CHILDREN

August 7, 1995

Dear Senator:

We are writing to express opposition to efforts, including those by Senator Phil Gramm, R-TX, to block grant the Child Nutrition Programs including the nutrition program for Women, Infants and Children, WIC.

WIC has successfully ensured the health and nutritional well-being of families and kids for 21 years.

- *WIC is effective; it lowers infant mortality rates.*
- *Someone can only receive WIC benefits if they are certified by a health care professional.*
- *WIC has aggressive auditing (tight fraud controls). Stores accepting vouchers must be pre-approved. Vouchers can only be used for specific foods.*
- *It operates like a private sector business - competitive bidding saves over $1 billion per year.*
- *It offers short-term assistance; the average assistance for a woman is 13 months. Participants are re-screened for eligibility every 6 months.*
- *WIC is Pro-Family - it encourages women to carry their pregnancies to term.*
- *The program saves money. Every dollar spent on prenatal WIC saves between $1.92 and $4.21 in Medicaid.*
- *The bottom line: WIC is not just another big government welfare program.*

Your colleagues - Senators Barbara Boxer, D-CA, John Chafee, R-RI, Tom Daschle, D-SD, James Jeffords, R-VT, Pat Leahy, D-VT, and Arlen Specter, R-PA, joined together in a "Dear Colleague" letter to say that:

"If block granted, WIC could lose critical quality assurance safeguards for health and nutrition, the food prescription, eligibility and other Program requirements. We hope that you will continue to ensure the success of this valuable health program for our children and the nation's future. If it is to continue to achieve the health and nutrition successes that have made WIC the "Gateway to Good Health," WIC will need your support."

We urge you to consider the serious consequences that block granting WIC will have on the health of the nation's women, infants and children. Dismantling 21 years of health and nutrition success is neither good government nor in the best interest of the American people.

Sincerely,

ALABAMA WIC PROGRAM
ALASKA WIC PROGRAM
AMEDA EGNELL CORPORATION
AMERICAN ACADEMY OF PEDIATRICS
AMERICAN BOARD OF PEDIATRICS
AMERICAN COLLEGE OF NURSE MIDWIVES

NAWD
1627 Connecticut Avenue, NW
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P.O. Box 53405
Washington D.C.
20009-3405
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202 232.5492

ARIZONA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
ARKANSANS IN COALITION AGAINST HUNGER
ARKANSAS CHILDREN'S HOSPITAL
ARKANSAS DEPARTMENT OF HEALTH
ASSOCIATION OF WOMEN'S HEALTH OBSTETRIC AND NEONATAL NURSES
ATASCOSA HEALTH CENTER, Pleasanton, Texas
ATHENS/PERRY COUNTY WIC PROGRAM, Athens, Ohio
AURATECH, INC., Greensboro, NC
BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER WIC PROGRAM, San Antonio, Texas
BEE COUNTY AREA HISPANIC CHAMBER OF COMMERCE, Texas
BLACKSTONE VALLEY COMMUNITY HEALTH CARE-WIC, Pawtucket, Rhode Island
BRAZOS VALLEY COMMUNITY ACTION AGENCY, INC., WIC Project 32, Bryan, Texas
BREAD FOR THE CITY/ZACCHAEUS FREE CLINIC, Washington, DC
BREAD FOR THE WORLD
CALIFORNIA FOOD POLICY ADVOCATES
CALIFORNIA WIC ASSOCIATION
CAMBRIA COUNTY COMMUNITY ACTION COUNCIL, INC., Johnstown, Pennsylvania
CARDINAL GLENNON CHILDREN'S HOSPITAL, St. Louis, Missouri
CENTER FOR FOOD ACTION IN NEW JERSEY
CENTER FOR PUBLIC POLICY PRIORITIES
CHILDREN'S CLINIC, Anchorage, Alaska
CIN-MED ASSOCIATES, INC., Magnolia, NJ
CLERMONT COUNTY WIC, Batavia, Ohio
COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH
COMMUNITY ACTION SOUTHWEST, Washington, Pennsylvania
COMMUNITY FOOD RESOURCE CENTER, New York City, New York
CONNECTICUT WIC DIRECTORS' ASSOCIATION, INC.
CORSICANA-NAVARRO COUNTY PUBLIC HEALTH DISTRICT, Corsicana, Texas
CREEK NATION WIC PROGRAM, Okmulgee, Oklahoma
DeCENTECH, INC., South St. Paul, MN
DADE COUNTY HEALTH DEPARTMENT WIC NUTRITION
DELAWARE TRIBE OF OKLAHOMA
DIACOM, Nokomis, FL
DISTRICT OF COLUMBIA WIC AGENCY/COMMISSION OF PUBLIC HEALTH
DISTRICT OF COLUMBIA YEAR 2000 NUTRITION COALITION
DRISCOLL CHILDREN'S HOSPITAL WIC PROGRAM, Corpus Christi, Texas
FAMILY HEALTH COUNCIL OF CENTRAL PENNSYLVANIA, Wormleysburg, Pennsylvania
FIVE SANDOVAL INDIAN PUEBLOS, INC., Bernalillo, New Mexico
FLAGSTAFF CHILD NUTRITION COMMITTEE, Flagstaff, Arizona
FOOD BANK OF IOWA
FOOD FOR SURVIVAL, Bronx, New York
FOOD RESEARCH AND ACTION CENTER
GEORGIA PUBLIC HEALTH ASSOCIATION
HARTMAN MEDICAL, Plano, Texas
HARVARD MEDICAL SCHOOL, Boston, Massachusetts
HEMOCUE, INC., Mission Viejo, CA
HIDALGO COUNTY WIC PROGRAM, Edinburg, Texas
HOCKING COUNTY WIC/HEALTH DEPARTMENT, Logan, Ohio
HUNGER TASK FORCE OF MILKWAUKEE
ILLINOIS HUNGER COALITION
INTERFAITH MINISTRIES-CAMPAIGN TO END CHILDHOOD HUNGER, Wichita, Kansas
IRONTON-LAWRENCE COUNTY OHIO AREA COMMUNITY ACTION ORG., Ironton, Ohio
ISLETA PUEBLO WIC PROGRAM, Isleta, New Mexico
JOE DAWSON AND ASSOCIATES, INC., Louisville, KY
JOHNS HOPKINS SCHOOL OF PUBLIC HEALTH
KANSAS WIC ASSOCIATION
LOUISIANA STATE UNIVERSITY MEDICAL CENTER, DEPARTMENT OF PEDIATRICS

MLH ENTERPRISES, INC., Scarsdale, NY
MAINE WIC DIRECTORS' ASSOCIATION
MASSACHUSETTS WIC DIRECTORS' ASSOCIATION
MEDICAL COLLEGE OF GEORGIA, Augusta, Georgia
MISSISSIPPI HUMAN SERVICES COALITION
MISSISSIPPI NUTRITION COALITION
MISSISSIPPI WIC PROGRAM
MISSOURI WIC PROGRAM
MONTANA HUNGER COALITION
MOREHOUSE SCHOOL OF MEDICINE, DEPARTMENT OF PEDIATRICS, Atlanta, Georgia
NATIONAL ALLIANCE FOR BREASTFEEDING ADVOCACY
NATIONAL ASSOCIATION OF SOCIAL WORKERS
NATIONAL ASSOCIATION OF WIC DIRECTORS
NATIONAL COUNCIL OF JEWISH WOMEN
NATIONAL HEAD START ASSOCIATION
NEVADA HEALTH DIVISION
NEVADA WIC PROGRAM
NEW HAMPSHIRE COMMUNITY ACTION DIRECTORS ASSOCIATION
NEW HAMPSHIRE WIC DIRECTORS' ASSOCIATION
NEW JERSEY CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
NORTH, INC., WIC Program, Philadelphia, Pennsylvania
NORTHEAST REGIONAL WIC ASSOCIATION
NORTH CAROLINA PUBLIC HEALTH ASSOCIATION
NUTRITION CONSORTIUM OF NEW YORK STATE
OHIO HUNGER TASK FORCE
OREGON PEDIATRIC SOCIETY
OREGON FOOD BANK
PEACE AND SOCIAL JUSTICE CENTER OF SOUTH CENTRAL KANSAS
PENNSYLVANIA ASSOCIATION OF WIC DIRECTORS
PENNSYLVANIA COALITION ON FOOD AND NUTRITION
PRESBYTERIAN CHURCH (USA) WASHINGTON OFFICE
PROVIDENCE AMBULATORY HEALTH CARE FOUNDATION, Providence, Rhode Island
PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH, Santa Fe, New Mexico
PUBLIC HEALTH FOUNDATION ENTERPRISES WIC PROGRAM, Los Angeles, California
RESULTS DOMESTIC
ROME FLOYD COMMISSION ON CHILDREN AND YOUTH, Rome, Georgia
ROME OBSTETRIC-GYNECOLOGIC ASSOCIATES, Rome, Georgia
ROSEBUD SIOUX WIC PROGRAM, Rosebud, South Dakota
RYAN DIAGNOSTICS, INC., Montgomery, IL
SEMINOLE TRIBE OF FLORIDA, Hollywood, Florida
SHENANGO VALLEY URBAN LEAGUE, INC., Farrell, Pennsylvania
SOUTH CAROLINA NUTRITION COUNCIL
SOUTH PLAINS HEALTH PROVIDER ORGANIZATION, INC., Plainview, Texas
THE EPISCOPAL CHURCH
THE WIC ASSOCIATION OF MICHIGAN
TUFTS UNIVERSITY SCHOOL OF MEDICINE
UNITARIAN UNIVERSALIST SERVICE COMMITTEE
UNITED MEDICAL CENTERS, WIC PROGRAM, Project #24-01, Eagle Pass, Texas
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, DEPARTMENT OF PEDIATRICS
UNIVERSITY OF COLORADO CENTER FOR HUMAN NUTRITION, Denver, Colorado
UNIVERSITY OF KENTUCKY, DEPARTMENT OF PEDIATRICS
UNIVERSITY OF PITTSBURGH, GRADUATE SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF SOUTH CAROLINA, DEPARTMENT OF PEDIATRICS
UNIVERSITY OF SOUTH FLORIDA, COLLEGE OF PUBLIC HEALTH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER WIC PROGRAM, Houston, Texas
UNIVERSITY OF TEXAS MEDICAL BRANCH, WIC Project 66, Orange, Texas
UNIVERSITY OF WASHINGTON, SCHOOL OF PUBLIC HEALTH

UTAH CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
UTAHNS AGAINST HUNGER
UTE MOUNTAIN UTE TRIBE OF INDIANS, Towaoc, Colorado
VERMONT CAMPAIGN TO END CHILDHOOD HUNGER
VITRON, INC., Vienna, VA
WACO-MCLENNAN COUNTY PUBLIC HEALTH DISTRICT, Waco, Texas
WCD ENTERPRISES INC., WIC Program, Anadarko, Oklahoma
WEST VIRGINIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
WEST VIRGINIA UNIVERSITY, HEALTH SERVICES CENTER
WEST VIRGINIA UNIVERSITY, SCHOOL OF MEDICINE
WEST VIRGINIA WIC PROGRAM
WIC ASSOCIATION OF MISSOURI (Local Agencies)
WICHITA AND AFFILIATED TRIBES
T. Berry Brazelton, MD, Professor Emeritus, Massachusetts
Betsy Clarke, Member, Oregon Hunger Task Force, Oregon
John H. Kennell, Professor of Pediatrics, Ohio
E. Maurice Wakerman, MD, FAAP, Former President of Connecticut American Academy of Pediatrics

WIC – FOR THE LOVE OF CHILDREN

October 16, 1995

Dear House and Senate Conferee:

We are **opposed** to the House's proposal to block grant the Child Nutrition Programs including the successful health and nutrition program for Women, Infants and Children, known as WIC.

A Bi-Partisan group of Senators, Barbara Boxer, John Chafee, Tom Daschle, James Jeffords, Pat Leahy, and Arlen Specter, joined in a "Dear Colleague" letter to say:

"If block granted, WIC could lose critical quality assurance safeguards for health and nutrition, the food prescription, eligibility and other Program requirements. We hope that you will continue to ensure the success of this valuable health program for our children and the nation's future."

WIC has ensured the health and nutritional well-being of children for 21 years because:

- *WIC is effective; it lowers infant mortality rates.*
- *Someone can only receive WIC benefits only when certified by a health care professional.*
- *WIC has tight fraud controls. Stores accepting vouchers must be pre-approved. Vouchers can only be used for specific foods.*
- *WIC operates like a private sector business - competitive bidding saves over $1 billion per year.*
- *WIC offers short-term assistance; the average assistance for a woman is 13 months. Participants are re-screened for eligibility every 6 months.*
- *WIC is Pro-Family - It encourages women to breastfeed and carry their pregnancies to term.*
- *WIC saves money. Every dollar spent on prenatal WIC saves on average $3.50 in Medicaid.*
- *The bottom line - WIC works!*

We urge you not to block grant WIC. Dismantling 21 years of health and nutrition success is neither good government nor in the best interest of the American people.

NAWD

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Suite 5

P.O. Box 53405

Washington D.C.

20009-3405

FAX 202 387.5281

202 232.5492

Sincerely,

AMERICAN ACADEMY OF PEDIATRICS
AMERICAN ACADEMY OF PEDIATRICS, Colorado Chapter
AMERICAN ACADEMY OF PEDIATRICS, Delaware Chapter
AMERICAN ACADEMY OF PEDIATRICS, Florida Chapter
AMERICAN ACADEMY OF PEDIATRICS, Minnesota Chapter
AMERICAN ACADEMY OF PEDIATRICS, South Dakota Chapter
AMERICAN ACADEMY OF PEDIATRICS, Texas Chapter
AMERICAN ACADEMY OF PEDIATRICS, Wisconsin Chapter
AMERICAN ACADEMY OF PEDIATRICS, Wyoming Chapter
AMERICAN ASSOCIATION OF EARLY CHILDHOOD EDUCATORS
AMERICAN COLLEGE OF NURSE-MIDWIVES
AMERICAN PUBLIC HEALTH ASSOCIATION
AMERICAN SCHOOL FOOD SERVICE ASSOCIATION
ARIZONA SCHOOL FOOD SERVICE ASSOCIATION
ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS
ASSOCIATION OF STATE AND TERRITORIAL PUBLIC HEALTH NUTRITION DIRECTORS
BREAD FOR THE WORLD
CENTER FOR BREASTFEEDING MANAGEMENT TRAINING
CENTER ON BUDGET AND POLICY PRIORITIES
FLORIDA PEDIATRIC SOCIETY
FOOD RESEARCH AND ACTION CENTER
INTERNATIONAL LACTATION CONSULTANT ASSOCIATION
LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS, District Seven, OH
NATIONAL ALLIANCE FOR BREASTFEEDING ADVOCACY
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
NATIONAL ASSOCIATION OF WIC DIRECTORS
NATIONAL ASSOCIATION OF SOCIAL WORKERS
NATIONAL COUNCIL OF JEWISH WOMEN
NATIONAL COUNCIL OF NEGRO WOMEN
NATIONAL HEAD START ASSOCIATION
NEW ORLEANS BREAD FOR THE WORLD
RESULTS
SOCIETY FOR NUTRITION EDUCATION
SPANISH SPEAKING ELDERLY COUNCIL-RAICES
THE U.S. CONFERENCE OF MAYORS
Mayor Carol Marinovich, Kansas City, KS
Mayor Ingrid B. Sheldon, Ann Arbor, MI

AURATECH, INC., Greensboro, NC
BEECHNUT NUTRITION CORPORATION, MO
CIN-MED ASSOCIATES, INC., Magnolia, NJ
DeCENTECH, INC., South St. Paul, MN
DIACOM, Venice, FL
HEMOCUE, INC., Mission Viejo, CA
RALSTON FOODS, INC., MO
RYAN DIAGNOSTICS, INC., Montgomery, IL

BAYLOR COLLEGE OF MEDICINE, Houston, TX
CARDINAL GLENNON CHILDREN'S HOSPITAL, St. Louis, Missouri
LYNCREST PEDIATRICS, Lincoln, NE
MAINE MEDICAL CENTER, DEPARTMENT OF PEDIATRICS
MARY MAHONEY MEMORIAL HEALTH CENTER, Oklahoma City, OK
MEDICAL COLLEGE OF WISCONSIN
RILEY HOSPITAL FOR CHILDREN, Indianapolis, IN
UNIVERSITY OF COLORADO CENTER FOR HUMAN NUTRITION
UNIVERSITY OF FLORIDA, COLLEGE OF MEDICINE
UNIVERSITY OF HAWAII, SCHOOL OF PUBLIC HEALTH, MATERNAL AND CHILD HEALTH PROGRAM
UNIVERSITY OF ILLINOIS AT CHICAGO, SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF NORTH DAKOTA, DEPARTMENT OF PEDIATRICS
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON, CHILDREN'S HOSPITAL
WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE, ROBERT C. BRYD HEALTH SCIENCES CENTER
John Kennell, MD, Cleveland, OH
Joshua Lipsman, MD, Director, Alexandria Health Department, VA
Terry Yamauchi, MD, Professor and Vice Chairman, Department of Pediatrics, Arkansas Children's Hospital

CHURCH/WIC, Washington, DC
FINGER LAKES SOCIAL MINISTRY
PRESBYTERIAN CHURCH (USA), WASHINGTON OFFICE
SCHENECTADY INNER CITY MINISTRY, NY
THE EPISCOPAL CHURCH
UNITARIAN UNIVERSALIST SERVICE COMMITTEE
UNITED METHODIST CHURCH
UNITED STATES CATHOLIC CONFERENCE

DAIRY AND NUTRITION COUNCIL, INC., IN
DIETARY CONSULTANT SERVICES, Orem, UT
INDIANA FOOD AND NUTRITION NETWORK
INDIANA NUTRITION COUNCIL
NUTRITION CONSORTIUM OF NEW YORK STATE
NUTRITIONISTS AND DIETITIANS IN COMMUNITY HEALTH SERVICES, MI
WISCONSIN NUTRITION PROJECT, INC.

ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES
ARKANSAS DEPARTMENT OF HEALTH
ALASKA ASSOCIATION OF WIC COORDINATORS
ALLIANCE TO END CHILDHOOD LEAD POISONING
ASSOCIATION OF ARIZONA FOOD BANKS
ATHENS/PERRY COUNTY WIC PROGRAM, Athens, OH
ATLANTA COMMUNITY FOOD BANK
BOULDER COUNTY HEALTH DEPARTMENT WIC PROGRAM, Boulder, CO
BREAD FOR THE CITY/ZACCHAEUS FREE CLINIC, Washington, DC
CALIFORNIA FOOD POLICY ADVOCATE
CENTER FOR FOOD ACTION-STATEWIDE EMERGENCY FOOD NETWORK, NJ
CHEROKEE NATION, OK
CHEYENNE RIVER SIOUX TRIBE, SD
CHEYENNE RIVER SIOUX TRIBE WIC PROGRAM, SD

CHICKASAW NATION OF OKLAHOMA
CHILDREN AND ADOLESCENT CLINIC, P.C., Hastings, NE
CHOCTAW NATION OF OKLAHOMA
CITY-COUNTY HEALTH DEPARTMENT OF OKLAHOMA COUNTY, OK
COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, Concord, NH
COMMUNITY ACTION SOUTHWEST, Washington, PA
COMMUNITY ACTION ORGANIZATION OF SCIOTO COUNTY, Portsmouth, OH
COMMUNITY FOOD RESOURCE CENTER, NY
COMMUNITY PROGRESS COUNCIL, York, PA
CONNECTICUT WIC DIRECTORS' ASSOCIATION, INC.
DAVIS COUNTY HEALTH/WIC PROGRAM, Layton, UT
DELAWARE WIC PROGRAM
DISTRICT OF COLUMBIA WIC PROGRAM
DISTRICT SEVEN HEALTH DEPARTMENT, Idaho Falls, ID
FAMILY HEALTH COUNCIL OF CENTRAL PENNSYLVANIA, Wormleysburg, PA
FOOD BANK OF DELAWARE
FOOD BANK OF IOWA
FOOD BANK OF CENTRAL NEW YORK
FOOD BANK OF NORTHERN NEVADA
FOOD FOR SURVIVAL, Bronx, New York
HARPER COUNTY COMMUNITY HOSPITAL WIC PROGRAM, Buffalo, OK
HUNGER ACTION COALITION FOR SOUTHEASTERN MICHIGAN
ILLINOIS HUNGER COALITION
INDIANA WIC COORDINATORS' ASSOCIATION
JUST HARVEST, PA
KANSAS WIC ASSOCIATION
LAKE COUNTY HEALTH DISTRICT, Painesville, OH
LOCAL AGENCY NUTRITION DIRECTORS' ASSOCIATION OF ARIZONA
MATERNAL AND FAMILY HEALTH SERVICES, INC., Wilkes Barre, PA
MINNESOTA FOOD SHARE
MISSISSIPPI WIC PROGRAM
MISSOURI WIC PROGRAM
MUSCOGEE (CREEK) NATION WIC PROGRAM, OK
NCPRPDC WIC PROGRAM, Ridgway, PA
NEIGHBORHOOD SERVICES ORGANIZATIONS, Oklahoma City, OK
NEVADA WIC PROGRAM
NEW ENGLAND REGIONAL WIC ASSOCIATION
NEW HAMPSHIRE COMMUNITY ACTION DIRECTORS ASSOCIATION
NEW HAMPSHIRE WIC DIRECTORS ASSOCIATION
NEW JERSEY FORUM OF WIC COORDINATORS
NEW YORK CITY COALITION AGAINST HUNGER
NORTH CAROLINA ASSOCIATION OF LOCAL NUTRITION DIRECTORS
NORTH CAROLINA HUNGER NETWORK
OHIO HUNGER TASK FORCE
OREGON FOOD BANK
PANHANDLE HEALTH DISTRICT WIC PROGRAM, Coeur d'Alene, ID
PEACE AND SOCIAL JUSTICE CENTER OF SOUTH CENTRAL KANSAS
PENNSYLVANIA ASSOCIATION OF WIC DIRECTORS
PLANNED PARENTHOOD OF EASTERN OKLAHOMA AND WESTERN ARKANSAS
PRINCE GEORGE'S COUNTY WIC PROGRAM, Clinton, MD
PROJECT E.A.T. AN ARIZONA COALITION
PUBLIC HEALTH DIVISION, DEPARTMENT OF HEALTH, NM

PUEBLO OF ZUNI WIC PROGRAM, NM
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK
ROCKINGHAM COMMUNITY ACTION, Portsmouth, NH
ROSEBUD SIOUX WIC PROGRAM, SD
SANDUSKY COUNTY HEALTH DEPARTMENT WIC PROGRAM, Freemont, OH
SANTO DOMINGO WIC PROGRAM, NM
SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH, Seattle, WA
SEMINOLE TRIBE OF FLORIDA
SHOSHONE AND ARAPAHOE WIC PROGRAM, WY
SOUTHEAST DISTRICT HEALTH DEPARTMENT, Pocatello, ID
SOUTHERN NEW HAMPSHIRE SERVICES, Manchester, NH
SOUTHWEST DISTRICT HEALTH DEPARTMENT, Panguitch, UT
SOUTHWESTERN COMMUNITY SERVICES, Keene, NH
STANDING ROCK SIOUX TRIBE WIC PROGRAM, ND
STRAFFORD COUNTY COMMUNITY ACTION PROGRAM, Dover, NH
SUMMIT COUNTY WIC PROGRAM, Coalville, UT
TEEN MOTHER AND CHILD PROGRAM, Salt Lake City, UT
THE PARENT CHILD CENTER OF TULSA, OK
THE WIC ASSOCIATION OF MICHIGAN
TRI-COUNTY COMMUNITY ACTION PROGRAM, Berlin, NH
TULSA CITY-COUNTY HEALTH DEPARTMENT, Tulsa, OK
UTAHNS AGAINST HUNGER
VERMONT CAMPAIGN TO END CHILDHOOD HUNGER
WASHINGTON ASSOCIATION OF LOCAL WIC AGENCIES
WEST CENTRAL COMMUNITY DEVELOPMENT ASSOCIATION, Spokane, WA
WEST VIRGINIA WIC PROGRAM
WIC ASSOCIATION OF MISSOURI-LOCAL AGENCIES

Katherine Benjamin, WIC Director, Alexandria Health Department, VA

NATIONAL ASSOCIATION OF WIC DIRECTORS

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7 August 1995

Honorable Dan Glickman
Secretary of Agriculture
US Department of Agriculture
Thomas Jefferson Drive & 14th Street, NW
Washington, DC

Dear Secretary Glickman:

This is to request that you undertake a complete scientific review of the nutritional adequacy and appropriateness of the foods available to WIC participants through the Program's food prescription (commonly referred to as the food package).

We urge you to undertake this review under the auspices of the National Academy of Sciences, NAS, Institute of Medicine, Food & Nutrition Board. The Academy is the nation's most respected scientific body. The NAS will ensure that WIC's food prescription will receive an unbiased and independent peer review.

This request is timely for several reasons:

It has been more than twenty years since the WIC food prescriptions were designed. While malnutrition and undernutrition have not been eradicated, other nutrition problems have surfaced. With the increased variety of foods available to the American consumer, eating habits have changed. Together, these lingering and new issues warrant an evaluation of the WIC food prescriptions.

The expanding interest in and knowledge base of nutrition issues among people of all ages challenges the WIC Program to provide allowable food choices consistent with current dietary guidelines. It is critical that WIC, the largest and most successful nutrition education program in the country, demonstrate strong scientific support for the elements of its food prescriptions. It is essential that WIC provide the best possible options for its targeted populations.

The periodic examination of other national dietary and nutrition guidance is standard nutrition policy practice. Examples of this include the Dietary Guidelines for Americans, the Recommended Dietary Allowances, RDAs, and the nutrition recommendations of the Centers for Disease Control, CDC.

The CDC, for example, recently issued a nutrition recommendation for increased folic acid consumption by women of child bearing age. This has generated discussion among nutrition and health professionals of the need for food fortification and supplementation.

Standards for the WIC food prescriptions - by their very nature a significant source of nutrition and a powerful nutrition education tool for many of this nation's citizens - would benefit greatly from the same kind of periodic review that other national nutrition guidance receives. Periodic review of the food prescriptions would allow the WIC Program to consider the efficacy of current nutrition policy recommendations vis-a-vis the WIC food prescriptions.

The most recent examination of the WIC food prescriptions by USDA, resulting from the Child Nutrition and WIC Reauthorization Act of 1989, suggests the need for additional review on several issues.

Finally, a review of the WIC food prescriptions is consistent with efforts to update and streamline government services. Such a review will ensure the responsiveness of the food prescriptions to clients' health and nutrition needs as well as sound value for the tax payers' investment.

In addition to an Academy examination of the nutritional profile of the supplemental food prescriptions in the context of today's nutritional issues, available food choices, and eating patterns, we would appreciate the Academy's attention to the following issues:

Are the nutritional standards for WIC foods relevant given current scientific knowledge about today's health problems, the food supply, and food consumption patterns? For example, are the standards for the iron content of cereal, sugar content of cereal, vitamin C content of juice, and vitamin D content of milk still sound? Should the current standards be modified? Are there additional nutrition standards that should be considered? Are the current nutrition related issues regarding

sodium, fat, cholesterol, sugar, iron, artificial colors/sweeteners, fiber, and folic acid dealt with responsibily through the authorized foods in the WIC food prescription?

Are the maximum amounts of foods that states must routinely authorize for each of the seven monthly food packages still relevant given the recommendations of the Food Guide Pyramid and other accepted nutrition guidance? For example, should children be prescribed the equivalent of 28 quarts of milk a month (approximately 3 1/2 servings per day as currently prescribed in the WIC food prescription) when the dietary guidelines recommend the equivalent of 2 servings per day.

Is food package III sufficiently flexible to meet the dietary needs of children and women who consume a formula/nutrition product as well as a wide variety of foods.

We value your strong commitment to the success of the WIC Program. Your support for WIC and the WIC community, resoundingly expressed in your address to attendors of NAWD's National Conference in Washington last April, was critical to rallying the community during this intense period of uncertainty.

NAWD would like to join with you in ensuring that the food prescriptions are above criticism and serve as successful nutrition models for the nation. We believe that a National Academy of Sciences review will place analysis of the food prescriptions beyond the influence of special interests and above the vagaries of politics. We believe an NAS review can help us achieve these goals.

We thank you for considering this request. We look forward to working with you to ensure the continued success of the food prescriptions and the WIC Program. We would be pleased to meet with you to further explain this request or answer any questions you may have. Please feel free to contact us on 202/232-5492 at your earliest convenience. We look forward to your response.

Sincerely,
NATIONAL ASSOCIATION OF WIC DIRECTORS

James Richard
President

Douglas A. Greenaway
Executive Director

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NATIONAL ASSOCIATION OF WIC DIRECTORS

NAWD FOCUS

NAWD'S SPIRIT OF SUCCESS

This year's Annual Conference theme, "**NAWD:** The Spirit of Success," couldn't be more appropriate. We have so much to celebrate. Success has certainly been the hallmark of 1995/96 for **NAWD** and for the WIC Program. And the Conference, to be held in Boston at the Boston Park Plaza, May 12-15, will highlight the successes we've achieved and the key strategies that will help us ensure success for the Association and WIC into the 21st century!

JAMES M. RICHARD
PRESIDENT

For a while there, it seemed as if the Association would go down to defeat as we battled those who could not comprehend the importance of the WIC Program to the health and nutritional well-being of the women, infants and children we serve. But, sounder heads prevailed in the U.S. Senate and in the Conference Committee, and WIC was pulled out of the welfare reform bill, "The Personal Responsibility Act of 1995." This ended, for the time being, at least, efforts to block grant the Program.

It even seems that our efforts to educate the Governors of the importance of WIC may have paid off as the National Governors' Association has not included WIC in its recent Child Nutrition Program Block Grant proposals. Still, we have much to do to educate our state administrations and state legislatures about the critical nature of WIC and its role in ensuring healthy, full-term pregnancies, giving babies a healthy start and keeping children on the positive health track.

NAWD has begun to build a successful WIC/Immunization Linkages partnership with the Centers for Disease Control and Prevention (CDC). **NAWD**'s new Immunization Task Force, chaired by Washington State Nutrition Coordinator Cathy Franklin, is working closely with CDC to provide for a comprehensive strategic plan incorporating all of CDC's immunization efforts with WIC. The Task Force hopes to guide CDC in its efforts to promote the WIC/Immunization Linkages partnership and ensure a win-win relationship for both parties. The Executive Committee is excited about this new relationship and endorses the Task Force's efforts as they work closely with CDC.

NAWD is excited about its new effort to develop a WIC Calendar, which states and local agencies may purchase for use as a nutrition education tool. The **NAWD** Calendar Committee is hard at work, with a goal of having a 1997 WIC Calendar available at the Annual Conference so that members can place orders. Individual state and local agency WIC Programs will be able to customize the calendar to suit their specific needs. I encourage you to stop by the **NAWD** booth at the Conference to check out the calendar and place your order! Also available at the **NAWD** booth will be copies of the Association's Position Papers and other membership materials.

Another success for the Association this year was expanded membership representation on the Board of Directors. Two new At-Large Board Members—Bill Eden, CO, and Robyn Osborn, IN—joined the Board to provide a new perspective for the membership in the Board's deliberations. And, for the first time in the Association's history, a Local Agency Director, Eloise Jenks, Director of the WIC Program for the Public Health Foundation in Southern California, joined the Board as your President-Elect.

Also in the area of Association governance, the newly formed Presidents' Council endorsed the concept of full representation in the Association's governance structures and activities. This is an exciting commitment on the part of the Association's past Presidents to the continued success of **NAWD**.

I was excited to participate in the National Indian and Native American WIC Coalition's Conference, which was held this February in Albuquerque, NM. The Conference was a tremendous success for the Coalition and its members. The **NAWD** Board of Directors voted at its last meeting in Santa Fe, NM, to endorse a joint **NAWD**/NINAC-sponsored conference in two years. This will present a tremendous opportunity for the members of **NAWD** to learn from the unique experiences of the Indian and Native American WIC Community.

In the works for December of this year is another in our series of **NAWD** Training Institute-sponsored educational events—a Nutrition Education and Breastfeeding Support and Promotion Conference to be held in the Southwest. The Nutrition Section is actively planning this event, and Conference Coordinator Jackie Dosch McDonald is in the process of securing conference facilities for the meeting. **NAWD** looks forward to an event that exceeds the success of the well-received Nutrition and Breastfeeding Conference we sponsored in 1994 in San Diego.

And, as we look to the future, **NAWD**'s Board of Directors has successfully placed the Association on track for **NAWD**'s Annual Conferences through 1999. Next year, we will be in San Francisco; in 1998 we will be in Denver, and in 1999 we will be in New Orleans.

I know that many of you are planning to join your colleagues in Boston this May. The 1996 Conference will be one of the Association's most informative events, providing an unparalleled opportunity to learn from your peers about the tremendous WIC successes that are occurring all over this country. We are succeeding with our mission to improve the health and nutritional well-being of this country's women, infants and children as never before. Come learn and help us keep WIC on track into the 21st century. Be a part of NAWD's "Spirit of Success"!

JAMES M. RICHARD PRESIDENT