

May 14, 2014

Hon. Barbara Mikulski, Chair  
Committee on Appropriations  
U.S. Senate  
S-128 Capitol Building  
Washington, DC 20510

Hon. Richard C. Shelby, Ranking  
Committee on Appropriations  
U.S. Senate  
S-146A Capitol Building  
Washington, DC 20510

Hon. Harold Rogers, Chair  
Committee on Appropriations  
U.S. House of Representatives  
H-307 Capitol Building  
Washington, DC 20515

Hon. Nita. M. Lowey, Ranking  
Committee on Appropriations  
U.S. House of Representatives  
1016 Longworth House Office Building  
Washington, DC 20515

Hon. David Pryor, Chair  
Subcommittee on Agriculture, Rural  
Development, FDA, & Related Agencies  
U.S. Senate  
129 Senate Dirksen Office Building  
Washington, DC 20510

Hon. Roy Blunt, Ranking  
Subcommittee on Agriculture, Rural  
Development, FDA, & Related Agencies  
U.S. Senate  
190 Senate Dirksen Office Building  
Washington, DC 20510

Hon. Robert Aderholt, Chair  
Subcommittee on Agriculture, Rural  
Development, FDA, & Related Agencies  
U.S. House of Representatives  
2362A Rayburn House Office Building  
Washington, DC 20515

Hon. Sam Farr, Ranking  
Subcommittee on Agriculture, Rural  
Development, FDA, & Related Agencies  
U.S. House of Representatives  
1016 Longworth House Office Building  
Washington, DC 20515

Dear Chairwoman Mikulski, Ranking Member Shelby, Chairman Rogers, Ranking Member Lowey,  
Chairman Pryor, Ranking Member Blunt, Chairman Aderholt, and Ranking Member Farr:

The year 2014 marks the 40<sup>th</sup> Anniversary of the effective Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). We are relieved and grateful that WIC was sufficiently funded in Fiscal Year 2014.

We urge you to provide at least \$6.823 billion (President's Budget request) and up to \$6.864 billion (includes the inflation-adjusted authorized levels for the set asides outlined below) for WIC in the Fiscal Year 2015 Agriculture Appropriations bill and provide \$150 million in contingency reserves. This funding level assures that no eligible applicants will be turned away; maintains current and anticipated WIC participation levels, assures adequate nutrition services and administration (NSA) funding, and responds adequately to forecasts of food cost inflation. We encourage you to continue to monitor caseload and food costs to assure that WIC is appropriately funded to meet participant and program needs.

We also urge you to provide:

- \$96.2 million in set aside funding for breastfeeding peer counselors and breastfeeding support services (WIC breastfeeding peer counselors have helped increase breastfeeding rates in the WIC population. Between 1998 and 2012 rates rose from 41.3% to 67%.);
- \$32.07 million in MIS/EBT funding (MIS/EBT helps states more effectively manage program integrity, ensuring timely and accurate transactions and claims and allowing WIC to identify vendor non-compliance and error more quickly);
- \$14.96 million in infrastructure funding; and
- \$16 million for program initiatives and evaluation, including \$5 million for research (Failure to fund research and evaluation studies leaves policymakers without the appropriate tools to make necessary funding decisions.)

Additionally, we urge you to preserve the scientific integrity of the WIC food packages, and we urge Congress to approve a clean Appropriations bill without policy riders. We urge appropriators to oppose efforts to alter the landscape of foods available in the science-based WIC food package. These decisions must be left to nutrition scientists and not Congress. Indeed, the food package is up for review in 2015. Improving the nutritional health and well-being of vulnerable mothers and young children led Congress to create WIC nearly 40 years ago. Undermining that mission by allowing Congress to insert itself into science-based decisions is counterintuitive and can only result in other challenges to the science-based integrity of the WIC food package.

WIC is the nation's premiere, preventive, mission driven, short-term public health nutrition program. It influences lifetime nutrition and health behaviors in a targeted, high-risk population of low-income mothers and young children at risk for developing nutrition-related diseases and disorders. Serving nearly 9 million mothers and young children, including 53% of all infants in the country, WIC provides nutrition education, breastfeeding education and support, referrals to medical and social services and a low-cost nutritious food package.

Since 1997, Appropriators of both parties have recognized the great value WIC adds to the nation's nutritional health, ensuring that WIC has had sufficient funding to serve all eligible mothers and young children who apply. WIC also elicits broad support across political, ideological, ethnic, and socio-economic categories in America. Voters oppose cutting funding for WIC – a bi-partisan national survey of 1,000 likely November 2012 voters indicated nearly 3 in 4 Americans want WIC funding to remain the same or increase with nearly twice as many favoring an increase as wanting a reduction.

Grounded in nutrition science, WIC is an efficient and effective program that provides significant returns on investment:

- At just 7.20% of total program costs, nationally, WIC program management costs are low.
- In 2013, WIC served 2 million participants with \$1.9 billion in non-tax revenues generated through competitive bidding of infant formula and other cost containment initiatives.

- Studies show that WIC has been effective in improving birth outcomes, reducing expensive pre-term and low birth-weight births. Preterm births cost the U.S. over \$26 billion a year, with average first year medical costs for a premature/low birth-weight baby of \$49,033 compared to \$4,551 for a baby born without complications.
- WIC's increased breastfeeding rates contribute to reducing the risks for developing obesity, and protecting against infectious diseases, sudden infant death syndrome, type 2 diabetes, postpartum depression, and certain cancers. If 90% of US mothers exclusively breastfed their infants to 6 months, the US would save \$13 billion each year in medical expenses and prevent over 900 deaths annually.
- WIC children are more likely to consume key nutrients, receive immunizations on time, and have high cognitive development scores than their peers not participating in WIC. A recent national study as well as studies in Los Angeles County and New York State have documented the reduction in obesity rates in the WIC child population over the past several years.

In the face of tight budgets, WIC programs across the country have reduced clinic hours and staff, reduced program outreach to communities in need, and made program delivery efficiencies in order to prevent cutting current participants from the program. Additional funding cuts will mean cutting current participants from the program.

Removing participants from WIC due to inadequate funding has both short and long-term consequences. Every WIC client has at least one nutritional risk and many have more than one risk. In the short-term, mothers and young children cut from WIC will not have access to WIC nutrition knowledge and WIC's nutritious supplemental foods. They may go without healthy or enough food. In the long-term, healthy childhood growth and development may be hampered; lifelong healthy behaviors thwarted. Ultimately, these mothers and children may suffer the physical, mental, and financial costs that result from health and development problems during the rest of life, impacting American economic productivity and national security. Preventing eligible mothers and young children seeking WIC services deprives young children a healthy start in life and the opportunity to thrive.

In the spirit of WIC: Strengthening Families for 40 Years, we urge your full support of these requests.

Sincerely,

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Academy of Nutrition and Dietetics

Advocates for Better Children's Diets

American Academy of Pediatrics

American Congress of Obstetricians and Gynecologists

American Federation of State, County and Municipal Employees (AFSCME)

Association of Maternal & Child Health Programs

Bread for the World

Center for Science in the Public Interest  
Children's HealthWatch  
Clerics of St. Viator (Viatorians)  
Coalition on Human Needs  
Community Action Partnership  
Congressional Hunger Center  
Earth Day Network  
Farm Sanctuary  
First Focus Campaign for Children  
Food Research and Action Center  
Friends Committee on National Legislation  
International Board of Lactation Consultant Examiners  
March of Dimes  
MomsRising  
National Advocacy Center of the Sisters of the Good Shepherd  
National Association of County and City Health Officials  
National WIC Association  
National Women's Health Network  
NETWORK, A National Catholic Social Justice Lobby  
Office of Social Justice  
Ounce of Prevention Fund  
ProLiteracy  
Promise the Children  
Reaching Our Sisters Everywhere (ROSE)  
RESULTS  
Seedco  
Shape Up America!  
Sisters of Mercy  
SocioEnergetics Foundation  
Sojourners  
The Episcopal Church  
United States Breastfeeding Committee  
United States Lactation Consultant Association  
Wellstart International  
Women's Alliance for Theology, Ethics and Ritual