

REMARKS BY SENATOR HUBERT H. HUMPHREY

W.I.C. SYMPOSIUM

Mayflower Hotel

Washington, D.C.

January 24, 1977

It's hard to believe that over four years have elapsed since the legislation establishing WIC was enacted. The case for the program was so compelling and Congress felt so strongly about it, that my floor amendment to the Child Nutrition Act, creating WIC, passed with little difficulty.

Members of Congress from both houses and both parties believed then as now, that the future of this nation depends on the development of its young and still unborn. It is their health which, in fact, will determine the nation's physical, mental, and even economic well-being.

We were advised by the country's leading medical authorities that improving the nutrition of pregnant women and children is the surest, most direct way to protect the future of these individuals as well as that of the nation.

Back in 1972 I saw the WIC Program as the means of achieving this end, and today I am even more convinced that we are pursuing the right course. To protect and improve our nation's health status, those women, infants and children at nutritional risk must be provided with nutritional supplements.

The actual results of the WIC program prove conclusively that its concept was right, and that it has been an excellent approach to solving a critical and widespread health problem.

Dr. Joseph Edozian concluded in his medical evaluation of the Program that WIC was associated with increases in height, weight and head circumference, and decreases in the prevalence of anemia for the infants enrolled in the program.

Similarly, pregnant women enrolled in the WIC program gained more weight than those not enrolled, gave birth to larger babies and showed a reduction in the rate of anemia.

These results were achieved in spite of USDA's efforts to emasculate the program whenever possible.

There's little need to review WIC's precarious beginnings. Most of you have suffered through the frustrations and court battles involved in pushing the previous Administration to allow this vital program to be born and then to survive.

But now we can all rejoice that those days of fighting are over. We have a new President and a new Secretary of Agriculture who will listen to you and will share your concern and commitment. And just to make sure they do, I'll be standing close by.

Bob Bergland, my close personal friend and an undaunting ally of the nutrition community, offers as Secretary of Agriculture more hope for the future of the program than most of us ever dared to imagine. He will bring a new spirit of cooperation to the Department and will provide the food and nutrition programs with the positive consideration and constructive regulations necessary to insure their effectiveness.

There's no doubt about it, we do have a good deal to be proud of. Looking at the WIC Program today, I feel a deep sense of pride in our accomplishment. As of October, 1976, approximately 680,000 individuals were participating in the program through 457 agencies, in 49 states, Puerto Rico and the Virgin Islands.

Because these people are routinely visiting health clinics, they not only are gaining in weight and height, but enrollees are more likely to receive their immunization shots and to be treated for ailments which otherwise would go untreated.

Not only do the recipients benefit, but there is a spillover to other family members who now have more access to health clinics than in the past.

We cannot and should not ignore the program's shortcomings because of USDA's past resistance. Now, however, we will have more access to the USDA, and we must be prepared to recognize and deal with these inadequacies.

One of the most controversial difficulties encountered by the WIC Program is determining eligibility for participation.

WIC, of course, was intended as a preventive program for pregnant women, infants, and children who are determined to be at nutritional risk.

This immediately raises several problems. Is low income sufficient to qualify an individual for the program? If the person must first exhibit certain nutritional deficiencies, is it no longer a preventive but rather a treatment program?

This leads to still other philosophical and pragmatic questions. Should an individual be dropped from the program if he or she no longer exhibits deficiencies, and on what basis should a client be re-certified?

Moreover, is a low income individual ever really out of nutritional risk?

Dropping low income individuals from the program will likely insure their return to the program once they again have demonstrated an obvious deficiency.

The estimates which I have received indicate that there are approximately 3.1 million potential WIC participants in the U.S. Utilizing this estimate, fewer than one in four potential participants presently is enrolled in a WIC clinic.

I believe that the other potentially eligible individuals also have the right to receive WIC benefits. I do not believe that the enrollment of one individual should preclude the enrollment of another because of so-called "full caseloads."

A billion dollars would represent a major increase in this program, but we must begin to consider cost effectiveness in our health programs. Each dollar spent on WIC can lead to savings in hospital costs, costs of caring for the mentally retarded, and the costs of unemployment for the individual as well as to the economy.

I view the WIC Program as an investment in our children, the future of this nation. For this reason, I firmly believe that in order for WIC to succeed as a preventive program, we must move toward including all low income pregnant women, infants and children.

Another serious and related problem is in reaching those most in need -- particularly in areas which do not have health clinics. Although in such cases it is lawful to operate the program out of non-profit organizations, this procedure has been slow to catch on.

We have an obligation to attempt to reach all potentially eligible individuals, but without doubt we must make every effort to enroll those most in need. Thus, we must develop definitions of relative need and approaches for meeting this responsibility.

We also will need to give some attention to the role of the Supplemental Food Program which provides commodities to over 100,000 individuals -- mainly in the large cities. We often tend to direct our efforts to the WIC Program without due consideration to the goals, effectiveness and future of the Supplemental Program. This conference provides an excellent opportunity for us to consider these issues and to develop a strategy for relating the two programs.

There presently are sufficient funds to increase program enrollment by 150,000 to a level of 830,000 participants. We cannot be satisfied with reaching less than present funding allows.

The program must expand as rapidly as we can physically and administratively handle the workload. I would have a difficult time asking my colleagues to increase the funding for a program which has not yet reached its presently appropriated capacity.

Thus, the mechanisms must be developed for effectively reaching potential clients. If this requires changes in the regulations or the administrative procedures, these must be accomplished in an expeditious manner.

Groups such as The Children's Foundation need to come forward with their ideas for improving the program. You are in daily contact with sponsors, and your organization can be helpful in transmitting this experience and reacting to regulations.

I realize that -- while the maximum nationwide enrollment capacity has not been attained -- in 54 percent of the WIC clinics studied by the Urban Institute, waiting lists were maintained. Ironically, in other areas, funds remain unspent.

This presents a perplexing problem which we cannot ignore. We must develop an approach to deal with unused funds and reduce waiting lists.

I hope to see the funding for this program greatly expanded, but, again, I must be able to reassure my colleagues that every dollar appropriated is needed and can be expended.

In a recent workshop on WIC Alternatives conducted by the Office of Technology Assessment, it was made apparent by the participants that WIC is viewed as a health and nutrition program not merely as an income maintenance program.

Nutrition education thus becomes a key to the continued success of the program. It is important to provide participants with nutritional supplements, but unless they can feed themselves and their families wisely after leaving the program, we have not achieved our goals.

Women are eligible for WIC for at most one year postpartum. If the program is truly effective, the feeding patterns will continue after this point. Nutrition education is a very important component of WIC, and I am pleased to note that it is being carried out in most clinics as provided in the Child Nutrition Act.

Nutrition education, however, is not a problem which affects only the poor. The American public as a whole is poorly informed about the relationship between nutrition and health and the need to tailor one's diet to satisfy health needs.

I believe we should take seriously the disturbing results of the Urban Institute study of April, 1976, which indicated that 88 percent of their respondents felt they did not learn much from the nutrition education they received from their WIC clinic.

We must develop more effective methods and materials to impart nutrition information. While the lack of adequate nutrition education is particularly acute for individuals who have limited resources and little education, the problem is pervasive among all income groups.

Middle income consumers buy a lot of "junk" food, but they also have the financial flexibility to buy nutritional foods. Lower income individuals have no such flexibility, and thus it is vitally important that they make sound food investments.

Nutrition research, education and feeding programs in this country are conducted in a fragmented and uncoordinated manner. Despite the fact that two thirds of the USDA budget is devoted to feeding programs, there is no Assistant Secretary to oversee or coordinate them.

I have previously recommended establishing such a position, and I will do so again this year.

It is time the nation turned its attention to the health needs of our people. We know that poor health has a direct connection to a child's poor performance in school and is a major cost to our economy in work days lost to sickness.

Nutrition education and health maintenance programs should be made a top priority for people of all income levels.

But it is only with the assistance of people like yourselves that this can be accomplished. We must look forward and plan for the future.

This conference also provides the framework for those with expertise and experience to look beyond making improvements in the WIC Program. We cannot settle for a recitation of the shortcomings of the past Administration, tempting as that may be. Instead, we must undertake a realistic assessment of our capabilities and our long-range goals.

Looking back on all of my years in government service, I am as proud of this program as any with which I have been involved. It represents what is best in America -- a dedication to our children and our future and an attempt to nip the poverty cycle in the bud.

We still have a big job ahead of us, but we also have made a good start.

I urge you to make the best of this opportunity. Working together, we have crossed new thresholds and have begun to conquer seemingly insurmountable challenges. Together, we can do even more in the future. Let us work to achieve these goals which we all share.

Children's Foundation

Presented Barbara Bode

Stephen Harvey

REMARKS BY

SENATOR HUBERT H. HUMPHREY

W.I.C. SYMPOSIUM

MAYFLOWER HOTEL

WASHINGTON, D.C.

JANUARY 24, 1977

It's HARD TO BELIEVE THAT OVER FOUR YEARS HAVE ELAPSED SINCE
THE LEGISLATION ESTABLISHING WIC WAS ENACTED. THE CASE FOR THE
PROGRAM WAS SO COMPELLING AND CONGRESS FELT SO STRONGLY ABOUT IT,
THAT MY FLOOR AMENDMENT TO THE CHILD NUTRITION ACT, CREATING WIC,
PASSED WITH LITTLE DIFFICULTY.

MEMBERS OF CONGRESS FROM BOTH HOUSES AND BOTH PARTIES BELIEVED
THEN AS NOW, THAT THE FUTURE OF THIS NATION DEPENDS ON THE DEVELOPMENT
OF ITS YOUNG AND STILL UNBORN. IT IS THEIR HEALTH WHICH, IN FACT,
WILL DETERMINE THE NATION'S PHYSICAL, MENTAL, AND EVEN ECONOMIC
WELL-BEING.

WE WERE ADVISED BY THE COUNTRY'S LEADING MEDICAL AUTHORITIES
THAT IMPROVING THE NUTRITION OF PREGNANT WOMEN AND CHILDREN IS
THE SUREST, MOST DIRECT WAY TO PROTECT THE FUTURE OF THESE
INDIVIDUALS AS WELL AS THAT OF THE NATION.

BACK IN 1972 I SAW THE WIC PROGRAM AS THE MEANS OF ACHIEVING
THIS END, AND TODAY I AM EVEN MORE CONVINCED THAT WE ARE PURSUING
THE RIGHT COURSE. TO PROTECT AND IMPROVE OUR NATION'S HEALTH STATUS,
THOSE WOMEN, INFANTS AND CHILDREN AT NUTRITIONAL RISK MUST BE
PROVIDED WITH NUTRITIONAL SUPPLEMENTS.

THE ACTUAL RESULTS OF THE WIC PROGRAM PROVE CONCLUSIVELY THAT
ITS CONCEPT WAS RIGHT, AND THAT IT HAS BEEN AN EXCELLENT APPROACH
TO SOLVING A CRITICAL AND WIDESPREAD HEALTH PROBLEM.

ED-O-ZIAN
DR. JOSEPH EDOZIAN CONCLUDED IN HIS MEDICAL EVALUATION OF THE
PROGRAM THAT WIC WAS ASSOCIATED WITH INCREASES IN HEIGHT, WEIGHT
AND HEAD CIRCUMFERENCE, AND DECREASES IN THE PREVALENCE OF ANEMIA
FOR THE INFANTS ENROLLED IN THE PROGRAM.

L SIMILARLY, PREGNANT WOMEN ENROLLED IN THE WIC PROGRAM GAINED
MORE WEIGHT THAN THOSE NOT ENROLLED, GAVE BIRTH TO LARGER BABIES AND
SHOWED A REDUCTION IN THE RATE OF ANEMIA.

L THESE RESULTS WERE ACHIEVED IN SPITE OF USDA'S EFFORTS TO
EMASCULATE THE PROGRAM WHENEVER POSSIBLE. !!

L THERE'S LITTLE NEED TO REVIEW WIC'S PRECARIOUS BEGINNINGS.

L MOST OF YOU HAVE SUFFERED THROUGH THE FRUSTRATIONS AND COURT BATTLES
INVOLVED IN PUSHING THE PREVIOUS ADMINISTRATION TO ALLOW THIS VITAL
PROGRAM TO BE BORN AND THEN TO SURVIVE.

L BUT NOW WE CAN ALL REJOICE THAT THOSE DAYS OF FIGHTING ARE OVER.
WE HAVE A NEW PRESIDENT AND A NEW SECRETARY OF AGRICULTURE WHO
WILL LISTEN TO YOU AND WILL SHARE YOUR CONCERN AND COMMITMENT. AND
JUST TO MAKE SURE THEY DO, I'LL BE STANDING CLOSE BY.

L BOB BERGLAND, MY CLOSE PERSONAL FRIEND AND AN UNDAUNTING ALLY
OF THE NUTRITION COMMUNITY, OFFERS AS SECRETARY OF AGRICULTURE MORE
HOPE FOR THE FUTURE OF THE PROGRAM THAN MOST OF US EVER DARED TO
IMAGINE. L HE WILL BRING A NEW SPIRIT OF COOPERATION TO THE DEPARTMENT
AND WILL PROVIDE THE FOOD AND NUTRITION PROGRAMS WITH THE POSITIVE
CONSIDERATION AND CONSTRUCTIVE REGULATIONS NECESSARY TO INSURE
THEIR EFFECTIVENESS.

L THERE'S NO DOUBT ABOUT IT, WE DO HAVE A GOOD DEAL TO BE PROUD
OF. L LOOKING AT THE WIC PROGRAM TODAY, I FEEL A DEEP SENSE OF PRIDE
IN OUR ACCOMPLISHMENT. AS OF OCTOBER, 1976, APPROXIMATELY 680,000
INDIVIDUALS WERE PARTICIPATING IN THE PROGRAM THROUGH 457 AGENCIES,
IN 49 STATES, PUERTO RICO AND THE VIRGIN ISLANDS.

L BECAUSE THESE PEOPLE ARE ROUTINELY VISITING HEALTH CLINICS,
THEY NOT ONLY ARE GAINING IN WEIGHT AND HEIGHT, BUT ENROLLEES ARE
MORE LIKELY TO RECEIVE THEIR IMMUNIZATION SHOTS AND TO BE TREATED
FOR AILMENTS WHICH OTHERWISE WOULD GO UNTREATED.

L NOT ONLY DO THE RECIPIENTS BENEFIT, BUT THERE IS A SPILLOVER
TO OTHER FAMILY MEMBERS WHO NOW HAVE MORE ACCESS TO HEALTH CLINICS
THAN IN THE PAST.

L WE CANNOT AND SHOULD NOT IGNORE THE PROGRAM'S SHORTCOMINGS
BECAUSE OF USDA'S PAST RESISTANCE. L NOW, HOWEVER, WE WILL HAVE MORE
ACCESS TO THE USDA, AND WE MUST BE PREPARED TO RECOGNIZE AND DEAL
WITH THESE INADEQUACIES.

L ONE OF THE MOST CONTROVERSIAL DIFFICULTIES ENCOUNTERED BY THE
WIC PROGRAM IS DETERMINING ELIGIBILITY FOR PARTICIPATION.

WIC, OF COURSE, WAS INTENDED AS A PREVENTIVE PROGRAM FOR
PREGNANT WOMEN, INFANTS, AND CHILDREN WHO WERE DETERMINED TO BE AT
NUTRITIONAL RISK.

THIS IMMEDIATELY RAISES SEVERAL PROBLEMS. IS LOW INCOME
SUFFICIENT TO QUALIFY AN INDIVIDUAL FOR THE PROGRAM? IF THE
PERSON MUST FIRST EXHIBIT CERTAIN NUTRITIONAL DEFICIENCIES, IS IT
NO LONGER A PREVENTIVE BUT RATHER A TREATMENT PROGRAM?

THIS LEADS TO STILL OTHER PHILOSOPHICAL AND PRAGMATIC
QUESTIONS. SHOULD AN INDIVIDUAL BE DROPPED FROM THE PROGRAM IF
HE OR SHE NO LONGER EXHIBITS DEFICIENCIES, AND ON WHAT BASIS
SHOULD A CLIENT BE RE-CERTIFIED?

MOREOVER, IS A LOW INCOME INDIVIDUAL EVER REALLY OUT OF
NUTRITIONAL RISK?

L DROPPING LOW INCOME INDIVIDUALS FROM THE PROGRAM WILL LIKELY
INSURE THEIR RETURN TO THE PROGRAM ONCE THEY AGAIN HAVE DEMONSTRATED
AN OBVIOUS DEFICIENCY.

L THE ESTIMATES WHICH I HAVE RECEIVED INDICATE THAT THERE ARE
APPROXIMATELY 3.1 MILLION POTENTIAL WIC PARTICIPANTS IN THE U.S.

L UTILIZING THIS ESTIMATE, FEWER THAN ONE IN FOUR POTENTIAL
PARTICIPANTS PRESENTLY IS ENROLLED IN A WIC CLINIC.

L I BELIEVE THAT THE OTHER POTENTIALLY ELIGIBLE INDIVIDUALS
ALSO HAVE THE RIGHT TO RECEIVE WIC BENEFITS. L I DO NOT BELIEVE THAT
THE ENROLLMENT OF ONE INDIVIDUAL SHOULD PRECLUDE THE ENROLLMENT
OF ANOTHER BECAUSE OF SO-CALLED "FULL CASELOADS."

h A BILLION DOLLARS WOULD REPRESENT A MAJOR INCREASE IN THIS PROGRAM, BUT WE MUST BEGIN TO CONSIDER COST EFFECTIVENESS IN OUR HEALTH PROGRAMS. L EACH DOLLAR SPENT ON WIC CAN LEAD TO SAVINGS IN HOSPITAL COSTS, COSTS OF CARING FOR THE MENTALLY RETARDED, AND THE COSTS OF UNEMPLOYMENT FOR THE INDIVIDUAL AS WELL AS TO THE ECONOMY.

h I VIEW THE WIC PROGRAM AS AN INVESTMENT IN OUR CHILDREN, THE FUTURE OF THIS NATION. L FOR THIS REASON, I FIRMLY BELIEVE THAT IN ORDER FOR WIC TO SUCCEED AS A PREVENTIVE PROGRAM, WE MUST MOVE TOWARD INCLUDING ALL LOW INCOME PREGNANT WOMEN, INFANTS AND CHILDREN.

L ANOTHER SERIOUS AND RELATED PROBLEM IS IN REACHING THOSE MOST IN NEED -- PARTICULARLY IN AREAS WHICH DO NOT HAVE HEALTH CLINICS.

h ALTHOUGH IN SUCH CASES IT IS LAWFUL TO OPERATE THE PROGRAM OUT OF NON-PROFIT ORGANIZATIONS, THIS PROCEDURE HAS BEEN SLOW TO CATCH ON.

WE HAVE AN OBLIGATION TO ATTEMPT TO REACH ALL POTENTIALLY
ELIGIBLE INDIVIDUALS, BUT WITHOUT DOUBT WE MUST MAKE EVERY EFFORT
TO ENROLL THOSE MOST IN NEED. THUS, WE MUST DEVELOP DEFINITIONS
OF RELATIVE NEED AND APPROACHES FOR MEETING THIS RESPONSIBILITY.

WE ALSO WILL NEED TO GIVE SOME ATTENTION TO THE ROLE OF THE
SUPPLEMENTAL FOOD PROGRAM WHICH PROVIDES COMMODITIES TO OVER
100,000 INDIVIDUALS -- MAINLY IN THE LARGE CITIES. WE OFTEN TEND
TO DIRECT OUR EFFORTS TO THE WIC PROGRAM WITHOUT DUE CONSIDERATION
TO THE GOALS, EFFECTIVENESS AND FUTURE OF THE SUPPLEMENTAL PROGRAM.

THIS CONFERENCE PROVIDES AN EXCELLENT OPPORTUNITY FOR US TO
CONSIDER THESE ISSUES AND TO DEVELOP A STRATEGY FOR RELATING THE
TWO PROGRAMS.

✓ THERE PRESENTLY ARE SUFFICIENT FUNDS TO INCREASE PROGRAM
ENROLLMENT BY 150,000 TO A LEVEL OF 830,000 PARTICIPANTS. ✓ WE
CANNOT BE SATISFIED WITH REACHING LESS THAN PRESENT FUNDING ALLOWS.

✓ THE PROGRAM MUST EXPAND AS RAPIDLY AS WE CAN PHYSICALLY AND
ADMINISTRATIVELY HANDLE THE WORKLOAD. ^{put,} I WOULD HAVE A DIFFICULT
TIME ASKING MY COLLEAGUES TO INCREASE THE FUNDING FOR A PROGRAM
WHICH HAS NOT YET REACHED ITS PRESENTLY APPROPRIATED CAPACITY.

✓ THUS, THE MECHANISMS MUST BE DEVELOPED FOR EFFECTIVELY REACHING
POTENTIAL CLIENTS. ✓ IF THIS REQUIRES CHANGES IN THE REGULATIONS OR
THE ADMINISTRATIVE PROCEDURES, THESE MUST BE ACCOMPLISHED IN AN
EXPEDITIOUS MANNER.

L GROUPS SUCH AS THE CHILDREN'S FOUNDATION NEED TO COME FORWARD WITH THEIR IDEAS FOR IMPROVING THE PROGRAM. L YOU ARE IN DAILY CONTACT WITH SPONSORS, AND YOUR ORGANIZATION CAN BE HELPFUL IN TRANSMITTING THIS EXPERIENCE AND REACTING TO REGULATIONS.

L I REALIZE THAT -- WHILE THE MAXIMUM NATIONWIDE ENROLLMENT CAPACITY HAS NOT BEEN ATTAINED -- IN 54 PERCENT OF THE WIC CLINICS STUDIED BY THE URBAN INSTITUTE, WAITING LISTS WERE MAINTAINED.

L IRONICALLY, IN OTHER AREAS, FUNDS REMAIN UNSPENT.

L THIS PRESENTS A PERPLEXING PROBLEM WHICH WE CANNOT IGNORE. WE MUST DEVELOP AN APPROACH TO DEAL WITH UNUSED FUNDS AND REDUCE WAITING LISTS.

L I HOPE TO SEE THE FUNDING FOR THIS PROGRAM ~~STILL~~ EXPANDED,
BUT, AGAIN, I MUST BE ABLE TO REASSURE MY COLLEAGUES THAT EVERY
DOLLAR APPROPRIATED IS NEEDED AND CAN BE EXPENDED.

#

L IN A RECENT WORKSHOP ON WIC ALTERNATIVES CONDUCTED BY THE
OFFICE OF TECHNOLOGY ASSESSMENT, IT WAS MADE APPARENT BY THE
PARTICIPANTS THAT WIC IS VIEWED AS A HEALTH AND NUTRITION PROGRAM
NOT MERELY AS AN INCOME MAINTENANCE PROGRAM.

L NUTRITION EDUCATION THUS BECOMES A KEY TO THE CONTINUED SUCCESS
OF THE PROGRAM. L IT IS IMPORTANT TO PROVIDE PARTICIPANTS WITH
NUTRITIONAL SUPPLEMENTS, BUT UNLESS THEY CAN FEED THEMSELVES AND THEIR
FAMILIES WISELY AFTER LEAVING THE PROGRAM, WE HAVE NOT ACHIEVED OUR
GOALS.

L WOMEN ARE ELIGIBLE FOR WIC FOR AT MOST ONE YEAR POSTPARTUM;

{ IF THE PROGRAM IS TRULY EFFECTIVE, THE FEEDING PATTERNS WILL CONTINUE

AFTER THIS POINT. L NUTRITION EDUCATION IS A VERY IMPORTANT COMPONENT

OF WIC, AND I AM PLEASED TO NOTE THAT IT IS BEING CARRIED OUT IN MOST

CLINICS AS PROVIDED IN THE CHILD NUTRITION ACT.

L NUTRITION EDUCATION, HOWEVER, IS NOT ^{*Something*} ~~A PROBLEM~~ WHICH AFFECTS

ONLY THE POOR. L THE AMERICAN PUBLIC AS A WHOLE IS POORLY INFORMED

ABOUT THE RELATIONSHIP BETWEEN NUTRITION AND HEALTH AND THE NEED TO

TAILOR ONE'S DIET TO SATISFY HEALTH NEEDS.

L I BELIEVE WE SHOULD TAKE SERIOUSLY THE DISTURBING RESULTS OF

THE URBAN INSTITUTE STUDY OF APRIL, 1976, WHICH INDICATED THAT 88

PERCENT OF THEIR RESPONDENTS FELT THEY DID NOT LEARN MUCH FROM

THE NUTRITION EDUCATION THEY RECEIVED FROM THEIR WIC CLINIC

h WE MUST DEVELOP MORE EFFECTIVE METHODS AND MATERIALS TO IMPART
NUTRITION INFORMATION h WHILE THE LACK OF ADEQUATE NUTRITION EDUCATION
IS PARTICULARLY ACUTE FOR INDIVIDUALS WHO HAVE LIMITED RESOURCES
AND LITTLE EDUCATION, THE PROBLEM IS PERVASIVE AMONG ALL INCOME GROUPS

h MIDDLE INCOME CONSUMERS BUY A LOT OF "JUNK" FOOD, BUT THEY ALSO
HAVE THE FINANCIAL FLEXIBILITY TO BUY NUTRITIONAL FOODS. h LOWER
INCOME INDIVIDUALS HAVE NO SUCH FLEXIBILITY, AND THUS IT IS
VITALLY IMPORTANT THAT THEY MAKE SOUND FOOD INVESTMENTS.

h NUTRITION RESEARCH, EDUCATION AND FEEDING PROGRAMS IN THIS
COUNTRY ARE CONDUCTED IN A FRAGMENTED AND UNCOORDINATED MANNER.

h DESPITE THE FACT THAT TWO THIRDS OF THE USDA BUDGET IS DEVOTED
TO FEEDING PROGRAMS, THERE IS NO ASSISTANT SECRETARY TO OVERSEE
OR COORDINATE THEM.

I HAVE PREVIOUSLY RECOMMENDED ESTABLISHING SUCH A POSITION,
AND I WILL DO SO AGAIN THIS YEAR.

IT IS TIME THE NATION TURNED ITS ATTENTION TO THE HEALTH NEEDS
OF OUR PEOPLE. WE KNOW THAT POOR HEALTH HAS A DIRECT CONNECTION
TO A CHILD'S POOR PERFORMANCE IN SCHOOL AND IS A MAJOR COST TO OUR
ECONOMY IN WORK DAYS LOST TO SICKNESS.

NUTRITION EDUCATION AND HEALTH MAINTENANCE PROGRAMS SHOULD BE
MADE A TOP PRIORITY FOR PEOPLE OF ALL INCOME LEVELS.

BUT IT IS ONLY WITH THE ASSISTANCE OF PEOPLE LIKE YOURSELVES
THAT THIS CAN BE ACCOMPLISHED. WE MUST LOOK FORWARD AND PLAN FOR
THE FUTURE.

THIS CONFERENCE ALSO PROVIDES THE FRAMEWORK FOR THOSE WITH EXPERTISE AND EXPERIENCE TO LOOK BEYOND MAKING IMPROVEMENTS IN THE WIC PROGRAM. WE CANNOT SETTLE FOR A RECITATION OF THE SHORTCOMINGS OF THE PAST ADMINISTRATION, TEMPTING AS THAT MAY BE. INSTEAD, WE MUST UNDERTAKE A REALISTIC ASSESSMENT OF OUR CAPABILITIES AND OUR LONG-RANGE GOALS.

LOOKING BACK ON ALL OF MY YEARS IN GOVERNMENT SERVICE, I AM AS PROUD OF THIS PROGRAM AS ANY WITH WHICH I HAVE BEEN INVOLVED. IT REPRESENTS WHAT IS BEST IN AMERICA -- A DEDICATION TO OUR CHILDREN AND OUR FUTURE AND AN ATTEMPT TO NIP THE POVERTY CYCLE IN THE BUD.

WE STILL HAVE A BIG JOB AHEAD OF US, BUT WE ALSO HAVE MADE A GOOD START.

I URGE YOU TO MAKE THE BEST OF THIS OPPORTUNITY. WORKING
TOGETHER, WE HAVE CROSSED NEW THRESHOLDS AND HAVE BEGUN TO CONQUER
SEEMINGLY INSURMOUNTABLE CHALLENGES. TOGETHER, WE CAN DO EVEN
MORE IN THE FUTURE. LET US WORK TO ACHIEVE THESE GOALS WHICH WE
ALL SHARE.

#

#

#

#



Minnesota Historical Society

Copyright in this digital version belongs to the Minnesota Historical Society and its content may not be copied without the copyright holder's express written permission. Users may print, download, link to, or email content, however, for individual use.

To request permission for commercial or educational use, please contact the Minnesota Historical Society.



www.mnhs.org