

News from Senator

BOB DOLE



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SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) POPULAR AND EFFECTIVE

WASHINGTON -- The WIC program, a special food program targeting nutritious foods to pregnant women, newborn infants, and children up to five years of age, has been a proven nutritional and economic success throughout its first three years, Sen. Bob Dole (R-Kan.) said today.

"Recent studies of the WIC program show that it has made an appreciable difference in increasing the birth weight of infants whose mothers are at nutritional risk, and that serious health problems have been circumvented due to this program," he said in a floor statement.

"During Fiscal Year 1980, the participation rate increased by almost 300,000 persons, bringing the total number of recipients to 1,320,000 by September 1978. I anticipate that the value of this program will become even more evident as additional persons take advantage of the benefits and as further studies are done on the health improvements resulting from this program."

This year's WIC authorization bill calls for a \$50-million funding cut, a move which was agreed to last year by congressional leaders in exchange for the President's signing of the Child Nutrition Amendments of 1978. "While I remain committed to the WIC program," Dole said, "I want to acknowledge the agreement made last summer with the President, and I therefore support this legislation to reduce the WIC authorization."

Dole gave his backing to two amendments that would provide significant reductions in program costs. One is an amendment by Sen. Henry Bellmon eliminating as eligible sponsors of summer food programs private non-profit organizations that serve 500 meals or more per day or who serve meals at more than three sites, and who obtain their meals from a food service management company. It is estimated this amendment would save \$37 million from the budget in FY '80. Another amendment, originally introduced by Sen. Thomas Eagleton, would give the secretary of agriculture authorization to withhold administrative funds from states that fail to properly administer child nutrition programs.

The Center for Disease Control has a surveillance system which monitors the WIC program in 13 states, and stores information on WIC recipients. The CDC studies show that: 1) There is a high incidence of anemia among children entering the WIC program; 2) There is a high incidence of stunted growth among children entering the WIC program; 3) After one year's participation in the WIC program, children show great reduction in the level of their anemia; 4) Within six months, children who are below average in their weight and height show marked increases; 5) The incidence of low-birth-weight infants born to WIC mothers is similar to the rate of low-birth-weight infants within the general population.

Furthermore, comparisons between WIC mothers and those women who are eligible to participate but who do not show that the incidence of low-birth-weight infants among WIC mothers was considerably less than among those who did not participate in WIC. In addition, because of the reduction in the number of low-birth-weight infants and the resulting decreased time of hospitalization, when the costs of the WIC program are factored in with the lower costs of hospitalization, the program is shown to be more cost effective than non-participation by over three-to-one in favor of the WIC program.

"Data such as this testifies to the true worth of the program," Dole said. "The WIC program contributes to healthier infants, healthier children, healthier mothers, and at the same time is economically cost effective. For some time, supporters of nutrition programs have claimed that preventive medicine is less costly than curative medicine, and I think we will agree that the maintenance of good nutrition is one way to practice preventive medicine."