Testimony
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Mr. Chairman and distinguished Committee members,

I was honored to speak before this august panel two years ago and am very grateful to be again given an opportunity to speak on behalf of all children and, in particular, the quietest and most invisible victims of the current economic recession, our youngest children. Since I last spoke with you there have been some important policy advances in prevention and treatment of nutritional deprivation, particularly the recent Farm Bill and increased funding for the Low Income Home Energy Assistance Program. But, alas, I must tell you that the plague of inadequate nutrition and its consequences for our young families so far has outstripped the availability of treatment and prevention. Much of the data that all of us on the panel give you today is already out-of-date since it was collected before the onset of the current 14 month recession, but I can tell you from up–to-the-minute clinical experience that the grim economic news is reflected daily in my clinical practice and supported by research that my colleagues and I conduct in the Children's Sentinel Nutrition Assessment Program (C-SNAP). In March C-SNAP will be renamed Children's HealthWatch, at least in part to avoid confusion with the recently renamed Food Stamp Program, which is now SNAP. Today, I will refer to our research center as Children's HealthWatch to avoid any confusion with SNAP.

To begin I want to share experiences from the trenches of clinical care. Just since August, my colleagues and I at Boston Medical Center have had to hospitalize 12 severely malnourished babies all under a year of age. That is double the number we hospitalized in the preceding 12 months.

Let me just tell you about one of these babies. I'll call him Joey, whom we admitted just before Christmas. His father is a skilled construction worker, who, whenever there is work, travels around the country with construction crews installing dry wall. His mother used to have a job in retail but, 12 months before Joey's admission, like so many Americans, she lost her job. Despite these challenges, five months ago, she delivered Joey, a healthy, seven pound baby thanks to WIC and excellent prenatal care. . . Soon after the baby's birth, the father was unable to find any work as the economy brought most construction to a halt. The family had to leave their market rent apartment and crowd five people into the living room of a not very welcoming relative. Joey's mother, who was breastfeeding, lost her milk from the stress. When I met Joey at five months of age he weighed only nine pounds, the weight of a normal one month old and was by international standards 3rd degree malnourished, looking like a baby from an overseas relief poster. His malnutrition was exacerbated by diarrhea that he had acquired from his school-age sister. She recovered but because his immune system was so weakened by malnutrition, he could not deal with the infection.

Despite that he still smiled. He was a baby who was loved and had spent hours being held by his family that was terribly worried about him and their inability to meet his needs. It wasn't just Joey who wasn't getting enough to eat. It turned out the other children were drinking watered milk purchased with the family's important but inadequate SNAP (formerly food stamps) benefits, since the mother's unemployment benefits had run out. Joey required ten days of intensive hospital care costing thousands of dollars. Even now at seven months old, he is just twelve pounds and not yet able to sit up. This child is only one of many that our clinic has treated in the past few months whose very survival is literally threatened by the current economic situation. While not a sick as Joey, many more suffer impairments of their health and their

developmental potential. In 2008, the referral rate to the Grow Clinic at Boston Medical Center was up 12% over the previous year.

In case my colleagues on the panel tell you that these are mere anecdotes, my written testimony includes many statistics my Children's HealthWatch colleagues and I and many other research groups have gathered, which show that even a mildly uncertain or inadequate supply of nutritious food, known as food insecurity, even without physical evidence of underweight, is an important risk for children's poor physical and mental health, hospitalizations, developmental delay, and depressed academic performance.

I can tell you what happens to my patients and I can tell you what I have found in my research, but in order to speak to you about how the recession plays into young children's health, I would like to acknowledge my colleague, Dr. John T. Cook, who is an economist and demographer. He is much better able to explain than I the economic causes of pediatric tragedies we observe and also the economic implications of the excellent SNAP (formerly the Food Stamp Program) provisions in the stimulus bill as a good prescription for improved prevention and treatment of food insecurity. My colleague on the panel, Ms. Sharon Parrott, can explain other child friendly economic measures to you like improving the Child Tax Credit.

The most recent preliminary data we have from the soon-to-be-named Children's HealthWatch database shows that rates of food insecurity among families with very young children increased by 38% in the first half of 2008 compared to the same period in 2007. While these findings require further analysis, they are not hard to explain in light of the economic downturn. Even though there was an October cost of living adjustment in SNAP, benefits have not kept pace with food cost inflation. I have often spoken of SNAP benefits as 'subtherapeutic' – like not giving enough antibiotics. They are an essential medicine but not enough to cure the

illness. As you know, SNAP benefits are based on the Thrifty Food Plan, but the quality and quantity of medicine that people can realistically purchase is usually insufficient for the need. We have been forced in our hospital to establish a food pharmacy that dispenses food on prescription from medical providers because so many of our patients, of all ages, were unable to meet medical recommendations for their diets. Over and over we hear that by the middle of the month, no matter how carefully families try to budget, their SNAP benefits have run out. Despite this, SNAP is not only an effective and efficient program but also essential to low-income's children's good health. Children's HealthWatch has found that young children and families who receive SNAP benefits are 25% less likely to be food insecure than those whose families do not receive them. Food insecure young children are 90% more like than other poor children to be in poor health and 31% more like to have been hospitalized in early life

From research my colleagues Drs. Cook and Chilton conducted in Boston and Philadelphia families' challenges with affording food have a very simple explanation outlined in detail in the report entitled "Coming Up Short," which I submit for the record. As this graph shows, even if a family of two parents and two children receives the maximum SNAP benefit of $608/month, they are not able to purchase the Thrifty Food Plan in either city. The problem is compounded by recent runaway food costs. The proposed increase in SNAP benefits in the House stimulus bill is a key step in the right direction toward closing the gap and we strongly support the House's proposed investment of an additional $20 billion in the program. However, at some point we must recognize that even these excellent improvements leave families in these cities more than $150 short each month in the amount needed to purchase what the government considers a 'minimally adequate diet' in line with the most recent nutritional science

My colleagues and I are not the only ones who have noted the struggles families face in providing food for their children. National surveys which are current only up through 2007, notably *before* the current recession, also monitor food insecurity by using a scale composed of 18 questions. These show that in 2007, even before the recession and high inflation in food costs, 11% of all American adults and 17% of all children under 18 were "food insecure" or lacked consistent access to sufficient food for healthy lives. From December 2006 to December 2007 the total number of children in households that had "very low food security among children" (which USDA/Economic Research Service used to refer to as "food insecurity with severe hunger") increased by over 60%. In households with at least one child younger than 6 years of age, the number more than doubled so that well more than a quarter million (292,000) are regularly missing meals. For your interest we have appended a chart for the members of the Committee showing the 2007 rates of household food insecurity in your states, with specific data about the youngest children in the states where we conduct Children's HealthWatch research. In our data through June 2008, food insecurity among families with infants and toddlers under age 36 months ranges up to 34%. Unfortunately state-level child food insecurity rates are not reported by the government and there are not yet state-level estimates from government data more recent than 2005.

You may ask how we can believe that there is so much food insecurity and nutritional deficit when there is also so much obesity. The impact of food insecurity, like many biological insults, varies with the developmental stage in which it occurs, with increased low-birthweight and underweight in young children and, in some studies, increased obesity in elementary school children and adult women. This is a well-described phenomenon known as "the nutrition paradox" that is seen around the world. As the Director General of WHO, Dr. Margaret Chan

stated, “The cheap foods that make adults fat starve children of absolutely essential nutrients. Children who do not receive protein and other nutrients during early development are damaged for the rest of their lives.” (www.who.int/dg/speeches/2008/20081024/en/index.html) As this slide shows, when parents’ food dollars run short it is not irrational for them to keep children’s stomachs feeling full with sugary carbonated beverages although they know milk is healthier. Thus it is not uncommon to find, as in another family like that of a 12 pound ten month old I just treated, an obese older child and a severely malnourished infant – both of whom have been living primarily off French fries.

I know that you are in the midst of determining the budget for this year’s reauthorization of the Child Nutrition Programs, which also protect children’s health and development from the womb through high school graduation. These extraordinarily successful, cost-effective programs play a critical role in helping children, especially those in low-income families, achieve access to quality nutrition, child care, educational and enrichment activities while improving their overall health, development, and school achievement. Though my focus is specifically on our youngest children, they are, of course, members of families and have older siblings. I see how children who participate in school meals, summer food programs and after-school snack grow and thrive in a way that the children who do not receive them cannot. Mr. Chairman, I would like to submit for the records the Child Nutrition Forum’s Statement of Principles, signed by my organization as well as hundreds of other local, state, and national organizations. Children’s HealthWatch, and other research groups have identified positive health and developmental effects of WIC and school meals and child care feeding, but as with food stamps, to assure quality and wide availability of these medicines to the increasing number of low income children who need them in this current economy, significant new funding will be necessary.

Since I had the opportunity to address you before, there has also been a lot of new research both by our group and by other investigators which bears on your deliberations as you consider what should make up the crucial components of the current budget and stimulus plan. I would like to submit for the record a scientific summary of the impact of food insecurity recently published in the Annals of the New York Academy of Sciences and a policy-focused report, entitled "Nourishing Development." Developmental risk means slow or unusual development in speaking, moving, or behavior and increases the likelihood that children will have later problems with learning, attention and/or social interactions. We have shown that even after considering multiple background characteristics food-insecure young children are 76% percent more likely to be at developmental risk than similar children who are food secure. Underweight babies and toddlers are 166% more likely to be at developmental risk as compared to normal-weight babies and toddlers. We know that the developmental effects of poor nutrition in early childhood persist long after the acute nutritional deprivation has been treated. Such children are neither ready to learn in the near term nor ready to earn in adulthood.

This is not a new epidemic of nutritional deprivation, ill health and impaired learning, but it is one that has become more virulent in the past two years, and I suspect, more widespread. Fortunately, we also have medicines that can treat it. Among these are first of all adequate incomes for all Americans, but pending achievement of this goal, targeted nutritional programs such as SNAP and WIC are essential. You have heard over and over that Mark Zandi of Moody's Economy.com has noted that $1 in food stamps generates $1.73 in increased economic activity—at 73%, a return on investment guaranteed to be higher than will be received on any other stimulus investment, but that is only the short-term story. I would like to submit as part of my written testimony the Children's HealthWatch and FRAC report commissioned by the Pew

Charitable Trusts/Partnership for America's Economic Success, "Reading, Writing and Hungry," which includes extensive calculations showing that increasing all food insecure children's SNAP benefits to the yearly maximum is not only humane but cost-effective, both in the short and long term. We know the amount food insecurity can be decreased or mitigated by SNAP likely will be reflected in children's better health, fewer hospitalizations, less need for special education, and fewer behavioral and mental health problems. For example, as I have noted, our research shows that SNAP reduces food insecurity by approximately 25%. If every food insecure child received the current maximum monthly allotment of $176 per person in food stamps, the annual cost to the taxpayer would be $2,112 per food insecure child. We have estimated that if all food insecure, eligible children received SNAP benefits, the costs for hospitalizations would be reduced by $3500 per food-insecure child per year. A similar calculation can be made for special education costs. Preventive programs such as WIC and SNAP are substantially less expensive than acute treatment of food insecurity's negative consequences, even accounting for the fact that those negative consequences will only manifest in a portion of food-insecure children. Food assistance programs reduce, but cannot eliminate food insecurity; thus, other measures to improve access and affordability of food in low-income communities are needed.

I know from listening to the news that there is much discussion of entities that "are too big to fail," but I would suggest to you that our children should be considered "too important to fail" since their whole life trajectories are being set today and cannot wait until tomorrow. Thus investment in the health and nutrition of our children will not only have short-term economic benefits in terms of decreased healthcare and special education costs, but in long-term benefits in a more productive and competitive workforce. Not all economic infrastructure development is done with a shovel!

Finally, I would like to bring all these complex numbers back to where I see them in the lives of young children. A few weeks ago I walked into an exam room and there was a three year old sitting at the toddler table eagerly consuming graham crackers and milk that we always provide for our young visitors. She looked up at me and said, "Dr. Fwank, this morning my stomach hurted me." Of course, I immediately went on the alert and began to run in my head the differential of hurting stomachs in three year olds. I knew it wasn't appendicitis because children with appendicitis have no appetite, but was it this or was it that. The mother was watching my face and before I could start drawing blood and collecting urine, she looked at me and said, "Doctor, it was just the hunger that was paining her, and she'll be okay now." Hunger hurts and children tell us so. I ask you to do what you can to relieve their pain, not only because doing so will stimulate the country's economy in the short- and long-term, but because it is the right thing to do for our children today, when they are hungry.