Testimony
Before the Committee on Agriculture, Nutrition and Forestry, U.S. Senate

For Release on Delivery
10:00AM EST
Thursday, July 17, 2001

Food Stamp Program:

The Miracle Drug

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Children's Sentinel Nutrition Assessment Program

With major funding from the W.K. Kellogg Foundation

Senator Harkin and members of the committee,

I am honored to come before you representing pediatric clinicians who daily treat malnourished American children and the pediatric researchers of the Children' Sentinel Nutrition Assessment Program (CSNAP). This research was primarily funded by the W.K. Kellogg Foundation as well as other foundations and private donors. Over a three-year period, C-SNAP monitored the impact of current public policies and economic conditions on the nutritional and health status of low-income children less than 3 years old in six medical institutions in Baltimore, Boston, Little Rock, Los Angeles, Minneapolis and Washington.

If you could join physicians on the ward and in the clinics and sit in on our scientific meetings, I do not think it would be difficult to enlist your support for expanding Food Stamps to protect the health of America's people. Food Stamps make a dramatic difference to the lives of families with children who live pay check-to -pay check: it offers a nutritional guarantee that families count on to get them through the month and help stretch scarce food dollars. (STORIES HERE) The stories of the families we care for daily confront us with the stark fact, not found in any medical textbook, that as the cost of housing and energy prices increase disproportionately compared to wages and benefits, many working poor and low-income parents face insurmountable barriers to keeping food on the table and their children healthy and learning

As clinicians and as scientists we know that food insecurity (defined by the USDA as limited or uncertain availability of nutritionally adequate safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways) is not a political or a sentimental issue but a major health problem. Food insecurity threatens health at all stages of life, but particularly in prenatal life and early childhood when the critical growth occurs. Hunger threatens the well being of the next generation even in the womb. Hunger is the first step in the

continuum between poor nutritional status and ill health. The nutritional status of a woman as she enters pregnancy and the amount of weight that she gains during pregnancy are critical predictors of infant birth weight, even after considering all other important factors such as cigarette and other drug use, infections and other stressors. The mothers' nutritional status, is a critical predictor of low birth weight, the most important contributor to infant mortality. The majority of low birth weight infants survive in this country, but the lower the birth weight the more likely that the child will suffer from lasting impairments and school failure. Even into adulthood low birthweight is a strong predictor of cardiovascular disease. Even micronutrient deficiency in the presence of adequate maternal weight gain in pregnancy can have devastating consequences. There is a well-established relationship between inadequate maternal folate intake at the time of conception and the risk of neural tube defects (spina bifida) in children. This is a particular concern since food insecure woman have been shown to have seriously inadequate intake of folate, along with other critical micronutrients.

After birth, nutrition continues to exert major influences on health and development. At all ages malnutrition impairs immune function leading to the infection/malnutrition cycle. With any acute illness all children lose weight. However, in privileged homes once the acute illness is resolved, children rapidly rebound increasing their dietary intake to restore normal growth and body composition. For many low-income families, where food supplies are uncertain even for feeding well children, once a nutritional deficit has occurred due to normal childhood illnesses scarce resources oftentimes means there is no additional food to restore a child to their former weight and condition. The child is then left malnourished and more susceptible to the next infection, which is likely to be more prolonged and severe, and followed by even greater weight loss. STORY SOMEWHERE HERE It is this infection/malnutrition cycle, which in. In this country the cycle often manifests in preventable recurrent illness and utilization of costly health

resources (the famous spend now --FSP-- or pay later scenario--Medicaid, SSI). This relationship between malnutrition and infection persists throughout the life span and is well established as an association between mortality and morbidity in the elderly.

Even though, with refeeding and medical care, malnutrition can inflict concurrent and lasting deficits in cognitive development, which have serious implications for the malnourished child's future ability to participate in the knowledge economy. The last two prenatal trimesters and the first years of life constitute a critical period of brain growth, a time when the brain has biosynthetic ability to generate new brain that it will never have again. Different regions of the brain undergo their critical development at different developmental periods. Lack of substrate available during a critical period will lead to actual distortions and deficits in the part of the brain under development. As knowledge of the importance of nutrition as substrate for neurotransmitters has evolved, awareness has grown that although brain size and structure can be most affected by malnutrition in early life, brain function can be seriously affected at any age.

Even in the absence of measurable deficits in body size, malnourished children may miss many opportunities for learning. The first physiologic strategy for maintaining growth and body heat in the face of inadequate nutritional intake is for a child to decrease their "discretionary activity," their voluntary exploration of the environment and interactions with other people. Such discretionary activity is essential experience for children's learning about the inanimate and social world. By the time a child has actually developed a deficit in weight or height, this compensatory mechanism has already failed. Once the health professional can notice signs and symptoms of malnutrition in a child physiologically, there have already been many opportunities of missed learning that were not detected previously. Early and concurrent malnutrition are two critical and entirely preventable causes of school failure from cognitive impairments, attention

and behavioral difficulties. A recent article by Dr. Alaimo in the journal of Pediatrics, which is appended to the testimony, based on the government's own NHANES III data shows that food insufficient children (whose families "sometimes or often did not get enough to eat") aged 6-11 have significantly lower arithmetic scores, and are more likely to repeat a grade, and have more trouble getting along with other children. Food insufficient teenagers were 3 times more likely to be suspended from school than well food sufficient teens. No amount of standardized testing will alleviate the impact of hunger on children's ability to learn – to educate children first you must feed them, and you must feed their mothers so that from conception through high school tomorrow' s future work force will be sufficiently well-nourished to participate fully in an information economy.

In light of the multidimensional effects of food insecurity and inadequate nutrition on humans during the life cycle, it is very disturbing that C-SNAP, in a survey of 8000 families with children under 3, found those whose food stamp benefits were terminated or decreased show significantly increased rates of food insecurity, a finding noted by many other surveys of poor families. We have also shown that families of young children under 3 on waiting lists for subsidized housing and those who have experienced housing instability (more than 2 moves in the past year) are substantially more likely than others to suffer food insecurity. Other work by my colleague, Dr. Jennifer Kasper, found legal immigrants, our new Americans, and their children are even more likely to be food insecure as other poor families (a finding we have confirmed in C-SNAP). These increased rates of food insecurity among the families of the youngest Americans trouble us greatly, since we have also found in C-SNAP that food insecurity is strongly associated with poor maternal health and depression, and with children under 3 being in poor health, anemic, and requiring increased numbers of hospitalizations. (I would point out

that a single 48-hour hospitalization, besides being traumatic for child and family, costs federal benefit programs more than a year's food stamp benefits for a child!)

I have been told that the Kennedy-Spector bill (S.4583/H.R. 2142) would restore food stamps to legal immigrant families, provide outreach and information to eligible families who do not know they are, and increase the minimum monthly benefit, measures which in medical terms I would call STAT (urgent). STORY HERE? I have also been informed that there have been suggestions to no longer offer shelter cost deductions in calculating families' food stamp benefits. If medical interns suggested a similar measure to me on the wards, I would tell them I thought the idea was NSG (not so good)!

The WIC program, a critical source of foods high in nutrient density, was designed at a time when it was anticipated that it would serve as a supplement rather than as a sole source of nutrition and thus does not provide adequate energy for participants, except infants under 4 months of age. From our C-SNAP research we have found that WIC receipt did not buffer children from the health consequences of the loss of food stamps. Both programs together are necessary (although at current food stamp benefit levels, not always sufficient) to protect the health of young children.

Distinguished members of the committee, I am here today to urge you to prescribe a miracle drug for America's families. This miracle drug decreases premature birth, enhances immune function, improves school achievement and behavior, and saves millions of dollars in hospital stays and visits to emergency rooms each year, yet millions of American children and their families are deprived of this drug. This miracle drug is the food. The pharmacy that dispenses it is the Food Stamp Program and you are the physicians that prescribe it.

In conclusion, hunger is a child health problem, hunger is an adult health problem, hunger is an education problem, an economic problem, and hunger is an American problem. With appropriate political will it could be no problem.

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This research was supported by grants from the W.K. Kellogg Foundation, MAZON: A Jewish Response to Hunger, Gold Foundation, Minneapolis Foundation, Project Bread: The Walk for Hunger, Sandpiper Foundation, Anthony Spinazzola Foundation, Daniel Pitino Foundation,

Candle Foundation, Wilson Foundation, Abell Foundation, Claneil Foundation, Beatrice Fox Auerbach donor advised fund of the Hartford Foundation on the advice of Jean Schiro Zavelas and Vance Zavelas, Susan Schiro and Peter Manus, and anonymous donors.