

October 6, 2011

The Honorable Patty Murray
Co-Chairman
Joint Select Committee on Deficit
Reduction

The Honorable Jeb Hensarling
Co-Chairman
Joint Select Committee on Deficit
Reduction

The Honorable Xavier Becerra
The Honorable Dave Camp
The Honorable James E. Clyburn
The Honorable Fred Upton
The Honorable Chris Van Hollen

The Honorable Max Baucus
The Honorable Jon Kyl
The Honorable John Kerry
The Honorable Rob Portman
The Honorable Pat Toomey

Dear Co-Chairs and Members:

As the Joint Select Committee on Deficit Reduction considers ways to reduce the federal deficit and achieve the savings goals set out in the Budget Control Act, we strongly and respectfully request that WIC be excluded from any cuts that are proposed by the Joint Select Committee on Deficit Reduction.

WIC is a short-term preventative public health nutrition program designed to influence lifetime nutrition and health behaviors in a targeted, high-risk population. WIC provides nutrition and breastfeeding education, nutritious foods, and improved healthcare access for low- and moderate - income women and children with, or at risk of developing, nutrition-related health problems.

Over the past 36 years, WIC has received strong bipartisan support and demonstrated successful positive health and economic outcomes. WIC provides significant return on investment and is itself a deficit reduction strategy – yielding significant long-term healthcare cost savings through improving nutrition, birth outcomes, breastfeeding rates, and improved infant and young children's growth and development. WIC achieved the highest rating possible among federal programs from the US Office of Management and Budget's (OMB's) Program Assessment Rating Tool in 2006 and 2010. WIC achieved this high rating for its impacts on key health outcomes, efficient use of program funds, and success in achieving long-term performance goals.

Nationally, WIC is serving over 8.9 million mothers and young children per month, including 53% of all infants and 25% of all pregnant women in the U.S. Prenatal WIC participation is associated with lower infant mortality rates, and WIC infants are in better health than eligible infants not participating in WIC. Additionally, WIC prenatal care benefits reduce the rate of low birth-weight babies by 25% and very low birth-weight babies by 44%.

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. It costs approximately \$743 a year for a pregnant woman to participate in WIC with an average participation length of 13 months. For every dollar spent on a pregnant woman in WIC, up to \$4.21 is saved in Medicaid.

It has also been estimated that a minimum of \$3.6 billion would be saved if current US exclusive breastfeeding rates increased to at least 50% at 6 months old. Participation in WIC's prenatal counseling program is associated with an increased rate of breastfeeding initiation. In 2008, survey

data indicated that 59% of WIC infants ages 6-13 months were breastfed. Funding for WIC Breastfeeding Peer Counselors has helped to improve breastfeeding duration rates.

WIC children also have increased intakes of important nutrients for cognitive and physical development like iron, potassium, and fiber, and they have lower rates of anemia. In addition, four- and five-year-olds whose mothers participated in WIC during pregnancy have better vocabulary test scores than children whose mothers had not received WIC benefits. WIC nutrition education has also been shown to lead to an increased consumption of whole grains, fruits, and lower-fat milk, and participation in WIC has been shown to reduce the risk of child abuse or neglect.

WIC is an efficiently run Program with administrative costs averaging 9.09% nationally. It is entrepreneurial, funding approximately 25% of its food costs through cost-containment initiatives and not federal resources. In fiscal year 2010, for example, \$6.25 billion worth of WIC food benefits was spent in local economies, but only \$4.56 billion of those dollars were provided by the federal government.

With already low administrative costs and effective cost containment strategies, cutting funding from WIC means cutting mothers and young children off of the Program and depriving young children the opportunity of a healthy start on life, taking away purchasing power in local economies, and increasing long-term healthcare costs.

Despite the immense benefits that WIC brings to mothers and young children, the Program has already faced funding challenges. The House of Representatives passed an Agriculture Appropriations bill that funds WIC at \$6.001 billion in fiscal year 2012, cutting \$733 million from the Program and resulting in as many as 700,000 vulnerable women and young children losing critical preventative public health nutrition services. The Senate Appropriations Committee's bill provides \$6.582 billion – a significant increase from the House bill's funding level – yet potentially still presenting a challenge if WIC caseload continues to increase across the U.S. as it has in July and August and food cost inflation spikes.

For these reasons, we strongly and respectfully encourage you to take any potential cuts to WIC off of the negotiating table.

Thank you for your support of the WIC Program.

Sincerely,

The National WIC Association