

The Honorable FIRST LAST  
U.S. House of Representatives/U.S. Senate  
ROOM BUILDING  
Washington, DC ZIP

Dear SENATOR/REPRESENTATIVE LAST:

We are relieved and grateful that the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was sufficiently funded and protected for the remainder of Fiscal Year 2013.

We urge you to support the President's budget request for WIC of \$7.142 billion in the Fiscal Year 2014 Agriculture Appropriations bill and replenish the WIC contingency fund with at least \$50 million. This funding level assures that no eligible applicants will be turned away; maintains current and anticipated WIC participation levels, assures adequate nutrition services and administration (NSA) funding, and responds adequately to forecasts of food cost inflation. We encourage you to continue to monitor caseload and food costs to assure that WIC is appropriately funded to meet participant and program needs.

We also urge Congress to replace sequestration with a balanced approach that will prevent harm to critical human needs programs including WIC.

We urge you to provide:

- \$60 million in set aside funding for breastfeeding peer counselors and breastfeeding support services (WIC breastfeeding peer counselors have helped increase breastfeeding rates in the WIC population. Between 1998 and 2010 rates rose from 41.3% to 63.1%.);
- \$30 million in MIS/EBT funding (MIS/EBT helps states more effectively manage program integrity, ensuring timely and accurate transactions and claims and allowing WIC to identify vendor non-compliance and error more quickly);
- \$14 million in infrastructure funding; and
- \$16 million for program initiatives and evaluation, including \$5 million for research, and \$1 million to support program integrity efforts.

WIC is the nation's premiere, preventive, mission driven, short-term public health nutrition program. It influences lifetime nutrition and health behaviors in a targeted, high-risk population of low-income mothers and young children at risk for developing nutrition-related diseases and disorders. Serving nearly 9 million mothers and young children, including 53% of all infants in the country, WIC provides nutrition education, breastfeeding education and support, referrals to medical and social services and a low-cost nutritious food package.

Since 1997, Appropriators of both parties have recognized the great value WIC adds to the nation's nutritional health, ensuring that WIC has had sufficient funding to serve all eligible mothers and young children who apply. WIC also elicits broad support across political, ideological, ethnic, and socio-economic categories in America. Voters oppose cutting funding for WIC – a bi-partisan national survey of 1,000 likely November 2012 voters indicated nearly 3 in 4 Americans want WIC funding to remain the same or increase with nearly twice as many favoring an increase as wanting a reduction.

Grounded in nutrition science, WIC is an efficient and effective program that provides significant returns on investment:

- At just 7.45% of total program costs, nationally, WIC program management costs are low.

- In 2010, WIC served 1.9 million participants with \$1.7 billion in non-tax revenues generated through competitive bidding of infant formula and other cost containment initiatives.
- Studies show that WIC has been effective in improving birth outcomes, reducing expensive pre-term and low birth-weight births. 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.
- WIC's increased breastfeeding rates contribute to reducing the risks for developing obesity, and protecting against infectious diseases, sudden infant death syndrome, type 2 diabetes, postpartum depression, and certain cancers. If 90% of US mothers exclusively breastfed their infants to 6 months, the US would save \$13 billion each year in medical expenses and prevent over 900 deaths annually.
- WIC children are more likely to consume key nutrients, receive immunizations on time, and have high cognitive development scores than their peers not participating in WIC. Recent studies in Los Angeles County and New York State have documented the reduction in obesity rates in the WIC child population over the past several years.

In the face of tight budgets, WIC programs across the country have reduced clinic hours and staff, reduced program outreach to communities in need, and made program delivery efficiencies in order to prevent cutting current participants from the program. Additional funding cuts will mean cutting current participants from the program.

Removing participants from WIC due to inadequate funding has both short and long-term consequences. Every WIC client has at least one nutritional risk and many have more than one risk. In the short-term, mothers and young children cut from WIC will not have access to WIC nutrition knowledge and WIC's nutritious supplemental foods. They may go without healthy or enough food. In the long-term, healthy childhood growth and development may be hampered; lifelong healthy behaviors thwarted. Ultimately, these mothers and children may suffer the physical, mental, and financial costs that result from health and development problems during the rest of life, impacting American economic productivity and national security. Preventing eligible mothers and young children seeking WIC services deprives young children a healthy start in life and the opportunity to thrive.

Again, we urge you to fully fund WIC to achieve optimal outcomes for our nation's young children and for the future of our nation.

Sincerely,