



May 27, 2011

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Norm Dicks
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Jack Kingston
Chairman, Subcommittee on Agriculture
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Sam Farr
Ranking Member, Subcommittee
on Agriculture
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairmen and Ranking Members:

On behalf of the state Title V Maternal and Child Health Program Directors, I am writing to express our serious concern with the proposed \$832 million funding reduction to the Special Supplemental Nutrition Program Women, Infants and Children (WIC) program in the FY 2012 Agriculture Appropriations bill. Coupled with the \$523 million reduction in FY 2011, the WIC program is now facing a devastating \$1.355 billion loss. Sources estimate that potentially up to 500,000 low-income women and young children would be denied the benefits and services from this critical program with the FY 2012 reductions alone.

Since 1972, WIC has improved the health of millions of low-income women, infants, and children, with over nine million served in 2010. Studies show that women who participated in the program during their pregnancies had lower Medicaid costs for themselves and their babies than did women who did not participate. In a five-state study, every dollar spent on pregnant women in WIC saved Medicaid \$1.92 to \$4.21 in costs in enrolled mothers and their newborns. Breast-fed infants enrolled in WIC save over \$475 additional WIC costs and Medicaid expenditures combined during the first six months of life.

WIC participation was also linked with a reduction in preterm birth, low birthweight, and infant mortality. Low birthweight infants account for 8 percent of births, but 56.6 percent of total hospital costs. Many costs of preterm and low birthweight births continue into childhood. According to studies, early intervention services for preterm births in Massachusetts cost \$1,200 more than for term infants. If 9 percent of low birthweight infants were born at the appropriate weight, the state of Florida could save \$1 million per year in kindergarten costs.

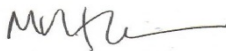


WIC has improved at-risk children's health, growth and development, and prevented nutrition related and other health problems for more than 35 years. WIC children enter school ready to learn, showing better cognitive performance. WIC also improves the health of at-risk mothers during pregnancy and helps to rebuild nutrient stores after birth. Research demonstrates the importance of maintaining good nutrition status between pregnancies to assure future healthy birth outcomes.

Cutting the WIC program will compromise the vitality of our public health system, and endanger the health of the nine million women, children, and infants that rely on the program for basic services and essential food needs. Budget cuts at all levels of government are jeopardizing the significant gains that state and territorial health agencies have made over the past decade. State agencies have been forced to terminate critical programs and reduce staffing levels in response to funding reductions. From 2008-2010, more than 44,000 jobs were lost in state and local health departments, reducing staff such as public health physicians and nurses. These job losses represent 14 percent of the state health workforce and 20 percent of the local health workforce.

As you move forward to develop FY 2012 spending bills, we urge you to maintain support for important safety-net programs such as WIC and other priority nutrition and food safety programs to achieve the goals of a healthier, more productive nation.

Sincerely,



Michael Fraser, PhD, CAE
Chief Executive Officer

cc: Members of the House Appropriations Committee