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# Congress of the United States

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February 25, 2003

The Honorable Ann M. Veneman  
Secretary of Agriculture  
U.S. Department of Agriculture  
1400 Independence Avenue, SW  
Washington, DC 20250

Dear Madam Secretary:

We are writing to urge you to support a pilot program to promote the consumption of fruits and vegetables in the upcoming reauthorization of the Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Such a step would improve the nutritional intake of children participating in WIC. It would also help WIC providers and parents address the growing epidemic of obesity.

Thirty years ago, the WIC program was created to address malnutrition among low-income women, infants, and children throughout the United States. Through this program parents are given monthly vouchers to purchase specific foods that supplement the diets of low-income mothers (pregnant or breastfeeding), infants, and children 1 to 5 years of age. In 2002, the program served approximately 7.5 million people, including nearly half of all babies born in the United States.<sup>1</sup>

While effective against malnutrition, the WIC program was not designed to address obesity, a growing nutritional crisis that is particularly severe among African American, Latino, and Native American children. The WIC food package includes wholesome items such as milk, eggs, and peanut butter. But with few exceptions, including dried beans and peas, the WIC food package does not contain fruits and vegetables.<sup>2</sup> This omission conflicts with the dietary recommendations of many experts and reduces the value of the food package as a nutritional tool to fight obesity.

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<sup>1</sup> Food and Nutrition Service, U.S. Department of Agriculture, *WIC — The Special Supplemental Nutrition Program for Women, Infants, and Children: Nutrition Program Facts* (12/15/03) (online at <http://www.fns.usda.gov/wic/WIC-Fact-Sheet.pdf>).

<sup>2</sup> WIC recipients have limited access to fruits and vegetables through the WIC Farmers Market Nutrition Program. This program, however, gives only minimal support to each family and does not integrate fruits and vegetables with the rest of the food package.

An extended process is underway to revamp WIC to meet the nutritional challenges of the 21<sup>st</sup> century. While this process takes place, a pilot program to give more fruits and vegetables to children and their families would both help reduce obesity and yield information upon which WIC administrators could base more significant reforms.

The rest of this letter explains our views in greater detail.

### **WIC & Obesity**

Traditionally, WIC has been considered a program for fighting malnutrition. Over the last three decades, WIC has been credited with both decreasing the prevalence of childhood anemia and improving birth outcomes and rates of breastfeeding.<sup>3</sup> This mission of WIC remains important, as 13 million children continue to live in households without secure sources of food.<sup>4</sup> At the same time, however, the growing nutritional problem of obesity requires that WIC have the appropriate tools to reinforce its nutrition messages in addressing this issue.

In 2001, the Surgeon General declared that obesity had reached epidemic proportions in the United States.<sup>5</sup> Over the ten year period that preceded this announcement, the prevalence of obesity among U.S. adults increased by 74%.<sup>6</sup> Today, it is estimated that nearly one-third of all U.S. adults are obese.<sup>7</sup> Because obesity is a primary risk factor for cardiovascular disease,

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<sup>3</sup>H. Fox, M. McManus, and H. Schmidt, *WIC Reauthorization: Opportunities for Improving the Nutritional Status of Women, Infants, and Children*, National Health Policy Forum Background Paper (Aug. 14, 2002).

<sup>4</sup> M. Nord, M. Andrews, and S. Carlson, *Measuring Food Security in the United States, Household Food Security in the United States, 2002*, USDA Economic Research Service Food and Nutrition Research Report Number 35 (2002).

<sup>5</sup>U.S. Public Health Service, *The Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity* (2001).

<sup>6</sup>Center for Disease Control and Prevention, *1991–2001 Prevalence of Obesity among U.S. Adults by State, Behavioral Risk Factor Surveillance System (1991-2001); Self-reporting Data* (online at [http://www.cdc.gov/nccdphp/dnpa/obesity/trend/prev\\_reg.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/trend/prev_reg.htm) File: Nutrition and Physical Activity, Overweight and Obesity, Obesity Trends).

<sup>7</sup>J. Gerberding, Centers for Disease Control and Prevention, *Protecting People's Health in a Transforming World* (Nov. 14, 2003) (Speech to Washington Press Club).

diabetes, and several forms of cancer, the epidemic is associated with 300,000 deaths each year and economic costs to the United States in excess of \$117 billion annually.<sup>8</sup>

Obesity has also become a pediatric crisis. Today, approximately one out of every six children is overweight,<sup>9</sup> with the problem growing fastest among four- to five-year-olds.<sup>10</sup>

Obesity among children raises special concerns. First, thousands of children are now presenting with conditions previously associated with overweight adults. For example, a recent study found that nearly two-thirds of obese five- to ten-year-olds had at least one additional risk factor for cardiovascular disease.<sup>11</sup> Additionally, the past decade has witnessed a dramatic increase in the number of children diagnosed with type 2 diabetes, the form of the disease linked directly to overweight and traditionally found in adults.

Second, childhood and adolescent obesity strongly predicts adult obesity. One recent study found that 77% of children with a body mass index (BMI) greater than the 95<sup>th</sup> percentile remained obese as adults.<sup>12</sup> It is critically important to address childhood obesity in order to get a handle on this public health crisis.

As a program that serves approximately half the infants and one quarter of all children ages one to five in the nation, WIC is uniquely positioned to play an important role in stemming the tide of obesity. Instead, WIC has seen rapid rises in obesity among participants. The proportion of WIC children who are overweight increased 20% from 1983 to 1995.<sup>13</sup>

One factor limiting the ability of WIC to appropriately address obesity is the composition of the food package. For example, the current children's food package offers 288 ounces of juice per month, approximately 100 ounces more than that recommended by the American Academy

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<sup>8</sup>U.S. Public Health Service, *supra* note 5.

<sup>9</sup>J. Gerberding, *supra* note 7.

<sup>10</sup>Z. Mei et al., *Increasing Prevalence of Overweight among Low-income Preschool Children: The Centers for Disease Control and Prevention Pediatric Nutrition Surveillance, 1983 to 1995*, *Pediatrics*, 12 (Jan. 1998).

<sup>11</sup>W. Dietz and A. Nelson, *Barriers to the Treatment of Childhood Obesity: A Call To Action*, *Journal of Pediatrics*, 535–6 (1999).

<sup>12</sup>D. Freedman, *Relationship of Childhood Obesity to Coronary Heart Disease Risk Factors in Adulthood*, *Pediatrics*, 712–718 (Sept. 2001).

<sup>13</sup>Z. Mei et al., *supra* note 10.

of Pediatrics.<sup>14</sup> Meanwhile, fruits and vegetables, which are often not affordable for many low-income families, remain largely unattainable through the WIC program.

This past September, USDA announced its intent to ask the Institute of Medicine to review the current food package and make recommendations that would enable WIC to better address the nutritional needs of its clients. While this process should eventually help address obesity, it will take years before USDA actually implements the IOM recommendations. In the meantime, it is important that WIC providers be given the opportunity to offer fruits and vegetables through regionally diverse pilot projects to enhance WIC's effectiveness.

### **Pilot Project to Promote Fruits and Vegetables**

A pilot project that promotes the consumption of fruits and vegetables would provide WIC programs the opportunity to enhance the nutritional content of their food package and at the same time provide state WIC agencies and USDA with information regarding the management, logistical feasibility, and consumer acceptance of such a change.

There are several advantages associated with this approach. First, these projects will provide important tools in the fight against obesity. A recent study found that promoting fruit and vegetable intake among children not only increased their consumption of these healthy foods but also decreased their intake of foods low in nutritional value. The researchers explained that the increased carbohydrate and fiber intake associated with fruits and vegetables may have helped to curb the children's appetite, thereby reducing their total calorie and fat intake. Subsequently, the study found that increased fruit and vegetable consumption was linked to a decreased prevalence of obesity among families whose children were at risk of becoming overweight.<sup>15</sup>

Second, a well-designed pilot will generate data and program models that will assist with the future implementation of more comprehensive reforms. One of the primary objectives of a pilot project is to evaluate the feasibility and acceptance of offering fresh, frozen, or canned fruits and vegetables to diverse WIC populations. Through this evaluation, participating WIC agencies will also provide USDA and state WIC programs nationwide with valuable experience in overcoming the logistical and practical challenges of providing fruits and vegetables to WIC participants.

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<sup>14</sup> Committee on Nutrition, American Academy of Pediatrics, *The Use and Misuse of Fruit Juice in Pediatrics*, Pediatrics, 1210–1213 (May 2001).

<sup>15</sup>L. Epstein et al., *Increasing Fruit and Vegetable Intake and Decreasing Fat and Sugar Intake in Families at Risk for Childhood Obesity*, Obesity Research, 171–178 (2001).

Third, it will result in collateral economic benefits. Promoting the consumption of fresh fruits and vegetables will expand the market for produce, thereby benefiting the nation's fruit and vegetable growers.

Fourth, it can be implemented with minimal resources while complementing WIC's principal mission of preventing malnutrition. WIC programs are prepared to implement a pilot program in which the costs of providing fruits and vegetables are covered by private funds (including funds from foundations, retail sources, and commodity groups). As a result, only the evaluation portion of the program would require federal funding. These costs are likely to be only a small fraction of WIC's \$4.7 billion annual budget.

### Conclusion

Obesity is a serious threat to the health of U.S. children. We believe that a fruit and vegetable pilot program represents a reasonable step that can be quickly adopted to improve the health of many thousands of American children. We urge you to support its inclusion in the upcoming reauthorization of the WIC program.

Sincerely,



Henry A. Waxman  
Ranking Minority Member



Adam H. Putnam  
Member of Congress

cc: The Honorable John A. Boehner, Chair  
The Honorable George Miller, Ranking Minority Member  
Committee on Education and Workforce