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COMMITTEE ON EDUCATION AND THE WORKFORCE, DEMOCRATS

# ON THE BRINK:

The Case for Permanently  
and Fully Funding the  
Special Supplemental  
Nutrition Program for  
Women, Infants, &  
Children (WIC)



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## BACKGROUND AND INTRODUCTION

The 1960s saw demands for expansive reforms to address social and economic inequities in the United States, including the need to address the widespread hunger and malnutrition experienced by millions across the country. States with high levels of poverty, such as Mississippi, experienced extreme hunger and malnutrition comparable to that of developing countries of the time; there were documented cases of marasmus, rickets, and kwashiorkor, among other malnutrition-related diseases.<sup>i</sup>

The 1968-1970 U.S. Department of Health, Education, and Welfare 10-State Nutrition Survey identified hunger and malnutrition as a burgeoning problem in the country.<sup>ii</sup> Of the 86,000 participants surveyed, a significant portion were malnourished or at increased risk of developing nutrition-related health challenges.<sup>iii</sup> Similarly, a 1968 documentary titled *Hunger in America* highlighted the prevalence of hunger and malnutrition in the country, revealing that a shocking 10 million Americans were experiencing food insecurity.<sup>iv</sup> *Hunger in America* focused on four impoverished populations: Black American sharecroppers in Alabama, the Navajo in Arizona, tenant farmers in Virginia, and Mexican Americans in Texas. The documentary also brought to light the harrowing experiences of pregnant women with malnutrition-related ailments and the resulting consequences of premature or low birth weight babies in intensive care units and the loss of infants from malnutrition.

The newly revealed state of food insecurity garnered national attention and led to calls to address the deplorable nutritional conditions facing low-income families across the country. Confronted with these calls for action, President Nixon convened the first White House Conference on Food, Nutrition, and Health in 1969.<sup>v</sup> Stakeholders assembled over three days, drafting recommendations to reinvigorate the country's efforts to tackle hunger and malnutrition.<sup>vi</sup> Their recommendations were vast and addressed a range of issues, including nutrition guidelines and nutrition education.<sup>vii</sup> Most of the recommendations—1,650 of the 1,800—were implemented.<sup>viii</sup> These efforts resulted in bold new federal action, including expansion of both the National School Lunch Program and the then-Food Stamp program (now known as the Supplemental Nutrition Assistance Program or SNAP) as well as new consumer-focused tools, including Dietary Goals for the American people, the precursor to the Dietary Guidelines for Americans.<sup>ix</sup> Notably the conference also led to the creation of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).<sup>x</sup>

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## WIC IS CREATED TO SUPPORT WOMEN AND FAMILIES

WIC was initially authorized as a pilot program, but was made permanent in 1975 after initial success, operating in 45 states by 1974 with an average of 88,000 participants per month.<sup>xi</sup> WIC’s mission is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.<sup>xii</sup> In order to achieve its mission, WIC eligibility is tied to both income and nutritional risk. Those with a gross household income at or below 185 percent of the federal poverty threshold—about \$55,500 for a family of four in 2023<sup>xiii</sup>— or those already participating in certain state or federal programs, such as Temporary Assistance for Needy Families (TANF), SNAP, or Medicaid, are eligible.<sup>xiv</sup> Nutritional risk is established through medical and dietary assessments conducted by health professionals, such as physicians, nurses, and nutritionists.<sup>xv</sup> Medical conditions, such as anemia, or the predisposition to improper nutritional patterns may determine nutritional risk.<sup>xvi</sup> Other conditions, such as homelessness and migrancy, may also determine nutritional risk as these conditions can predispose women, infants, and children to insufficient nutrition.<sup>xvii</sup>

The U.S. Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) administers WIC at the federal level and provides funding to each state, U.S. territory, and Indian Tribal Organization to operate WIC locally in the community.<sup>xviii</sup> Once approved to receive WIC benefits, participants receive redeemable vouchers or electronic benefit transfer (EBT) cards to purchase supplemental foods from one of the seven approved federal food packages.<sup>xix</sup> The packages are designed based on the nutritional needs of participants by category to address the nutritional deficiencies of the populations that WIC serves,<sup>xx</sup> allowing for the purchase of nutritious food items, such as fresh fruits and vegetables, meats, and cereal.<sup>xxi</sup> WIC also provides

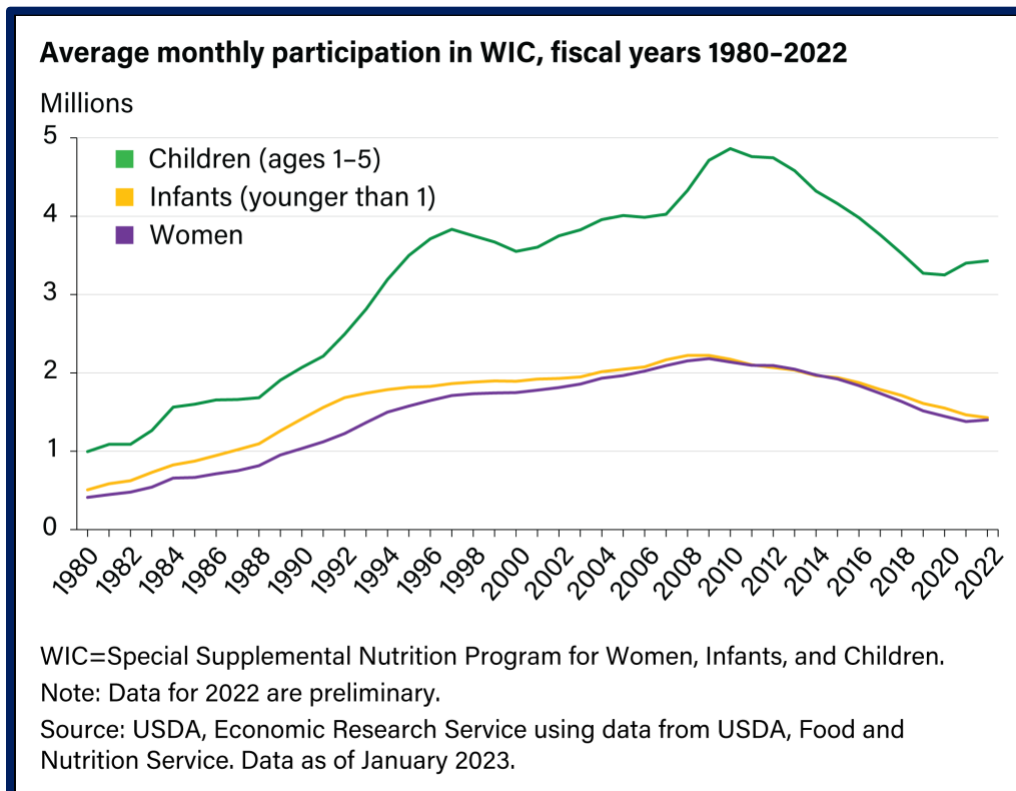
“Pediatricians consistently refer families to the WIC program because we know that WIC works.”

*American Academy of Pediatrics*

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robust breastfeeding support and ensures that infant formula is affordable and accessible to low-income mothers who choose to use it.

Before the COVID-19 public health emergency, participants received monthly cash value vouchers (CVV) for fruits and vegetables with a maximum allowance of \$9 for children and \$11 for pregnant, breastfeeding, and postpartum women respectively,<sup>xxii</sup> far below the amount recommended by the National Academies of Sciences, Engineering, and Medicine (NASEM) of \$24 for children, \$43 for pregnant and postpartum women, and \$47 for breastfeeding women.<sup>xxiii</sup> In 2021, Congress temporarily increased the CVV through the *American Rescue Plan Act*<sup>xxiv</sup>, and due to subsequent congressional action, increased levels are available through Fiscal Year (FY) 2024.<sup>xxv</sup>



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## WIC IS CRITICALLY IMPORTANT TO MILLIONS ACROSS AMERICA

In FY 2022, WIC served approximately 6.3 million women and children per month, including 39 percent of all infants in the country.<sup>xxvi</sup> WIC is a lifesaving nutrition intervention program that minimizes avoidable health and developmental issues for low-income, nutritionally at-risk women, infants, and children. It is well-proven that improper nutrition in children under five adversely impacts their health and development, as well as their achievement and productivity as adults.<sup>xxvii</sup> Food insecurity in children also has detrimental consequences on their health and development. Research links food insecurity among children to an array of health and developmental problems and increased hospitalization, including low birth weight, asthma, congenital disabilities, iron deficiency anemia, socio-emotional and behavioral issues, and higher incidence of colds and stomach aches.<sup>xxviii</sup> For pregnant women, poor nutrition contributes to pregnancy complications, such as anemia or even death.<sup>xxix</sup> Moreover, malnutrition in pregnant women impacts the development of their fetuses, impedes fetal growth, and heightens the likelihood of developing physical and cognitive impairment in their infants.<sup>xxx</sup>

The evidence is clear—WIC is a lifeline for millions of women and children. WIC:

- reduces fetal deaths and infant mortality;
- reduces low birthweight rates and increases the duration of pregnancy;
- improves the growth of nutritionally at-risk infants and children;
- decreases the incidence of iron deficiency anemia in children;
- improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women;
- helps pregnant women receive prenatal care earlier;
- increases the likelihood of children having a regular source of medical care and more up-to-date immunizations;
- improves intellectual development in children, helping to ready them for the start of school; and
- significantly improves children's diets.<sup>xxxi</sup>

In short, WIC is a proven public health intervention that supports both the short- and long-term health of women and children.

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## CUTS TO WIC FUNDING UNDERMINE ITS ACHIEVEMENTS

WIC benefits are funded through the appropriations process and, since the 1990s, the amount provided by Congress has historically been sufficient to assist all eligible applicants seeking benefits, with consistent bipartisan support.<sup>xxxii</sup> As previously described, the benefits of WIC to the health and wellbeing of families are indisputable. There has also been bipartisan recognition of WIC's cost-effectiveness, which bolsters the evidence as to why WIC is such a worthwhile federal investment.<sup>xxxiii</sup> Investing in adequate nutrition for women, infants, and children early can reduce special education and health care costs later. A study of California's prenatal participation in WIC demonstrates that WIC saves \$2.48 in health care costs on average for every dollar of funding.<sup>xxxiv</sup> Furthermore, every dollar spent on prenatal WIC participation is estimated to save Medicaid between \$1.77 and \$3.13 in health care costs during the first 60 days after delivery.<sup>xxxv</sup>

The cost-effectiveness of WIC, coupled with its quality-of-life improvement for participants, makes it one of the country's most successful federal nutrition programs.<sup>xxxvi</sup> Despite the program's proven effectiveness, funding for the program is in jeopardy. The FY 2024 Agriculture appropriation bill proposed in the House threatens substantial cuts to WIC funding. The House bill includes drastic fruit and vegetable benefit cuts that would impact millions of participants including pregnant and postpartum women, toddlers, and preschoolers.<sup>xxxvii</sup> In addition, recent short-term legislation—enacted to avoid a government shutdown—has not included the funding necessary to ensure the program continues without disruption to those who need benefits. Recent estimates published by the Center on Budget and Policy Priorities show that as many as two million young children and pregnant and postpartum adults could be turned away from WIC if

“Few programs can match WIC’s track record at improving the health and well-being of women and children, but WIC can only be effective if it’s accessible.”

*National WIC Association*



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additional funding is not provided to fully fund the program.<sup>xxxviii</sup> This devastating impact would fall disproportionately on Black and Hispanic families, who are more likely to receive WIC services.<sup>xxxix</sup>

Failure to secure sufficient funding for WIC jeopardizes the health and well-being of millions of people across this great nation as well as the hard-fought gains our country has made against hunger and malnutrition—gains with roots that go back decades. Hundreds of public health and faith-based organizations, advocacy groups, and other stakeholders understand the painful ramifications of this misstep and have urged Congress to act. Groups such as the American Academy of Pediatrics, the National Collaborative for Infants & Toddlers, the National WIC Association, and the National Council of Churches have underscored the importance of WIC and have implored policymakers to guarantee sufficient funding to ensure WIC can serve all eligible participants.<sup>xi</sup>

“Inadequate WIC funding would force states to put eligible new and expecting parents and young children on waiting lists for nutrition assistance, jeopardizing access to this highly effective program during an important window for child development.”

*Center on Budget and Policy Priorities*

## CONCLUSION

The recognition of how important nutrition is to the health and well-being of pregnant women and children led to the creation of WIC in 1972. The federal government has for decades shown a commitment to fully funding WIC, ensuring that eligible applicants may receive benefits. That promise is now being threatened for the first time in decades and the nutritional health of over six million women, infants, and children is at stake as well as future savings in health care costs.<sup>xii</sup> Congress must continue to support nutritionally vulnerable women and children by [sufficiently funding WIC](#).



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- <sup>i</sup> Frank Hu et al., Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health: Honoring The Past, Taking Actions for Our Future 8 (2020), <https://sites.tufts.edu/foodnutritionandhealth2019/files/2020/03/50thReport-FINAL.pdf>. Cleveland Clinic, *Marasmus* (June 11, 2022), <https://my.clevelandclinic.org/health/diseases/23296-marasmus> (“Marasmus is severe malnutrition, with the body lacking all the macronutrients required to function. In children, it causes stunted growth.”); Cleveland Clinic, *Kwashiorkor* (May 18, 2022), <https://my.clevelandclinic.org/health/diseases/23099-kwashiorkor> (“Kwashiorkor is a form of malnutrition in infants and children caused by a severe lack of protein. Commonly found in impoverished countries.”); Cleveland Clinic, *Rickets* (Mar. 8, 2022), <https://my.clevelandclinic.org/health/diseases/22459-rickets> (“Rickets is the softening of bones in children, generally caused by prolonged Vitamin D deficiency.”).
- <sup>ii</sup> HEALTH SERVS. AND MENTAL HEALTH ADMIN., TEN-STATE NUTRITION SURVEY 1968-1970, U.S. Dep’t of Health, Educ., and Welfare (1972), <https://stacks.cdc.gov/view/cdc/19141> (States in the survey included Washington, California, Texas, Louisiana, South Carolina, Kentucky, West Virginia, Michigan, Massachusetts, and New York (including a separate survey of New York)).
- <sup>iii</sup> *Id.* at 8.
- <sup>iv</sup> *Hunger in America*, CBS News television broadcast (May 21, 1968), <https://www.cbsnews.com/video/hunger-in-america-the-1968-cbs-documentary-that-shocked-america/>.
- <sup>v</sup> Hu, *supra* note 1, at 6.
- <sup>vi</sup> Hu, *supra* note 1, at 9.
- <sup>vii</sup> Hu, *supra* note 1, at 9.
- <sup>viii</sup> Hu, *supra* note 1, at 10.
- <sup>ix</sup> Hu, *supra* note 1, at 10.
- <sup>x</sup> Hu, *supra* note 1, at 10.
- <sup>xi</sup> VICTOR OLIVEIRA ET AL., THE WIC PROGRAM: BACKGROUND, TRENDS, AND ISSUES, U.S. Dep’t of Agric. Econ. Rsch. Serv., Food Assistance and Nutrition Rsch. Rep. 27 (Sept. 2002), [https://www.ers.usda.gov/webdocs/publications/46648/15841\\_fanrr27\\_1.pdf?v=1148.9](https://www.ers.usda.gov/webdocs/publications/46648/15841_fanrr27_1.pdf?v=1148.9).
- <sup>xii</sup> Food and Nutrition Serv., *About WIC: WIC's Mission*, U.S. DEP’T OF AGRIC. (Aug. 2, 2022), <https://www.fns.usda.gov/wic/about-wic-wics-mission>.

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<sup>xiii</sup> Office of the Assistant Secretary for Planning and Evaluation, *2023 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)*, U.S. DEP'T OF HEALTH & HUMAN SERVS. (Jan. 2022), <https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/de-tailed-guidelines-2023.pdf>. The federal poverty threshold for a family of four in the 48 contiguous states and the District of Columbia was \$30,000 in 2023. \$30,000 multiplied by 1.85 is equal to \$55,500.

<sup>xiv</sup> RANDY ALISON AUSSENBERG, CONG. RSCH. SERV. R44115, A PRIMER ON WIC: THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN 1 (2017), <https://crsreports.congress.gov/product/pdf/R/R44115>.

<sup>xv</sup> *Id.* at 9.

<sup>xvi</sup> *Id.* at 8-9.

<sup>xvii</sup> *Id.* at 8-9.

<sup>xviii</sup> Food and Nutrition Serv., *WIC Fact Sheet*, U.S. DEP'T OF AGRIC. (Apr. 25, 2023), <https://www.fns.usda.gov/wic/wic-fact-sheet>.

<sup>xix</sup> AUSSENBERG, *supra* note 14, at 10.

<sup>xx</sup> Econ. Rsch. Serv., *WIC Program*, U.S. DEP'T OF AGRIC. (July 19, 2023), <https://www.ers.usda.gov/topics/food-nutrition-assistance/wic-program/>.

<sup>xxi</sup> *Id.*

<sup>xxii</sup> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages, 87 Fed. Reg. 233 (proposed Nov. 21, 2022) (to be codified at 7 C.F.R. pt. 246).

<sup>xxiii</sup> *Id.* at 71106.

<sup>xxiv</sup> American Rescue Plan Act of 2021, Pub. L. 117-2, title I, subtitle B, §1105, 135 Stat. 4, 25 (2021).

<sup>xxv</sup> Congress extending increased CVV levels multiple times through appropriations legislation. Most recently, the *Continuing Appropriations Act, 2024 and Other Extensions Act*, Pub. L. No. 117-328, provided FY 2024 CVV amounts at \$26 for child participants, \$47 for pregnant and postpartum participants, and \$52 for fully and partially breastfeeding participants.

<sup>xxvi</sup> Econ. Rsch. Serv., *supra* note 20.

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<sup>xxvii</sup> FOOD RSCH. & ACTION CTR., WIC IS A CRITICAL ECONOMIC, NUTRITION, AND HEALTH SUPPORT FOR CHILDREN AND FAMILIES (2019), [https://frac.org/wp-content/uploads/frac\\_brief\\_wic\\_critical\\_economic\\_nutrition\\_health\\_support.pdf](https://frac.org/wp-content/uploads/frac_brief_wic_critical_economic_nutrition_health_support.pdf).

<sup>xxviii</sup> *Id.* at 2.

<sup>xxix</sup> ASS'N OF STATE PUBLIC HEALTH NUTRITIONISTS, THE ROLE OF NUTRITION IN INFANT MORTALITY: A PUBLIC HEALTH PERSPECTIVE (2013), <https://asphn.org/wp-content/uploads/2017/10/The-Roll-of-Nutrition-in-Infant-Mortality-A-Public-Health-Perspective-ASPHN-Brief.pdf>.

<sup>xxx</sup> N. Groce et al., *Malnutrition and disability: unexplored opportunities for collaboration*, 34 PAEDIATRICS AND INT'L CHILD HEALTH 308, 309 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232244/pdf/pch-34-04-308.pdf>.

<sup>xxxi</sup> Food and Nutrition Serv., *About WIC: How WIC Helps*, U.S. DEP'T OF AGRIC. (May 23, 2023), <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>.

<sup>xxxii</sup> AUSSENBERG, *supra* note 14, at 2-3.

<sup>xxxiii</sup> Katie Bergh & Lauren Hall, *Looming WIC Funding Shortfall Would Jeopardize Access to WIC's Proven Benefits and Disproportionately Harm Black and Hispanic Families*, CTR. ON BUDGET AND POL'Y PRIORITIES (Oct. 26, 2023), <https://www.cbpp.org/blog/looming-wic-funding-shortfall-would-jeopardize-access-to-wics-proven-benefits-and>.

<sup>xxxiv</sup> Roch A. Nianogo et al., *Economic evaluation of California prenatal participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to prevent preterm birth*, 124 PREVENTIVE MED. 42, 45 (2019), <https://doi.org/10.1016/j.ypmed.2019.04.011>.

<sup>xxxv</sup> Food and Nutrition Serv., *supra* note 29.

<sup>xxxvi</sup> *Id.*

<sup>xxxvii</sup> Katie Bergh & Zoe Neuberger, *House Republicans' Agriculture Appropriations Bill Would Cut WIC Benefits for 5 Million Participants, Put SNAP Benefits at Risk for 1 Million Older Adults*, CTR. ON BUDGET AND POL'Y PRIORITIES (May 2023), <https://www.cbpp.org/sites/default/files/5-18-23fa.pdf>.

<sup>xxxviii</sup> Katie Bergh, Lauren Hall, Zoë Neuberger, *About 2 Million Parents and Young Children Could Be Turned Away From WIC by September Without Full Funding*, CTR. ON BUDGET AND POL'Y PRIORITIES (Dec. 12, 2023), <https://www.cbpp.org/research/food-assistance/about-2-million-parents-and-young-children-could-be-turned-away-from-wic>.

<sup>xxxix</sup> *Id.*

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<sup>xi</sup> Letter to Congressional Leaders, *National Collaborative for Infants & Toddlers and the National WIC Association*, (Sept. 26, 2023),

<https://media.nwica.org/nwa%20ncit%20wic%20coalition%20letter%209.25.23.pdf>.

<sup>xii</sup> Katie Bergh & Lauren Hall, *Looming WIC Funding Shortfall Would Jeopardize Access to WIC's Proven Benefits and Disproportionately Harm Black and Hispanic Families*, CTR.

ON BUDGET AND POL'Y PRIORITIES (Oct. 26, 2023), <https://www.cbpp.org/blog/looming-wic-funding-shortfall-would-jeopardize-access-to-wics-proven-benefits-and>.

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