

# Letters

## Hunger in the United States

In response to the article "Hunger and malnutrition: HEW says nation must know more and do more" (28 June, p. 1433), I would like to summarize some of our recent activities in this area.

We are now reaching nearly 20 million children with school lunch programs of which 2.5 million are fed a free lunch or pay a token price. Our combined food stamp and commodity distribution program now reaches over 6 million people in 2400 counties. Of the 1000 lowest income counties, all but 40 have either begun or are now developing food assistance programs. In those 40 counties, the Department of Agriculture is taking steps to operate a program independently of local authority.

We are now furnishing 22 foods under our commodity distribution program with a maximum value of 1600 calories. We have reduced the minimum amount required to obtain food stamps from \$2 per person per month to 50 cents for the poorest of the poor. The commodities in the direct distribution program are now fortified with vitamins and minerals to the maximum permissible extent. We are developing and soon will issue a special supplemental package of foods geared to the needs of infants, preschool children, and pregnant women.

We are drawing from our overseas experience in encouraging industry to develop new foods specially designed to meet the needs of people who do not get enough and do not know how to get the proper mix of foods. We are undertaking a very serious program of education of the very poor. We recognize the problems of education and are also investigating the benefits that might accrue from further fortification of foods now on the grocery shelf. We were involved in the development of Modern Bread in India which is a completely fortified bread with vitamins, minerals, and lysine. We hope that such a bread might find its place in this country as well. We are working closely with medical authorities of the Office of Economic Opportunity and the De-

partment of Health, Education, and Welfare to approach this problem with a coordinated government-wide effort.

I do not write this to express my satisfaction with the progress or to invite approbation. There can be no satisfaction so long as there are hungry children in this country.

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... What is needed at this point is an impartial study of the actual conditions of hunger by a competent group. The team should represent social anthropology, biostatistics, clinical nutrition, home economics, dietetics, biochemistry, and social welfare. A proper solution to the problems can only be designed when the true situation is analyzed. One must remember that there is a relationship between demographic characteristics and nutritional requirements.

The HEW report presents meager evidence of serious malnutrition. Preliminary studies in Columbus, Ohio, and Mississippi "show that the pre-school children show real differences in height but not in weight, and in certain biochemical factors, by race and income." These differences "are not great, and there is not evidence of widespread malnutrition as defined by physical and biochemical measurements, but there is clear evidence of inadequate food intake among poor children." The height factor may be genetic and is not necessarily entirely nutrition dependent. Identical weights are supportive of equal caloric intakes. The evidence for inadequate food intake is difficult to find. For instance, this same Columbus report states: "It was evident that virtually all the children received diets providing more than minimum requirements of essential nutrients."

The Mississippi report concludes: "Although clinical evidence of specific vitamin deficiencies were lacking, there were some children whose levels of certain vitamins in blood and urine were suggestive of recent low dietary intake of these nutrients. There were no children with plasma albumin levels below three grams percent, which is

generally accepted as the lower limit of normal." That survey was carried out in December and January when seasonal declines in vitamin intakes are to be expected.

The higher prevalence of anemia in the Negro and socially underprivileged groups is clear and varies considerably in different parts of the country. The response to iron therapy has been demonstrated. This specific problem should be the subject of intensive research, but in the meantime, simple definitive treatment is indicated. The incidence of intestinal parasites is important to know, in order to assess this factor as the cause of anemia and weight loss, particularly in infants and children.

Scientific evidence for widespread severe primary malnutrition is hard to find. The solution to the problem is the identification of the specific local factors by a disciplined, impartial study.

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If action is needed to eliminate hunger and malnutrition, perhaps we should look for a new, streamlined approach to the problem. One would be to provide a staple food, which is nourishing and wholesome, free to any citizen who may ask for it. This food would have to be designed so it would be readily used to prevent hunger and malnutrition, but would not play a significant role in the average American household, and would not, therefore, disturb present sales of agricultural products.

Obviously, this food must not unduly stimulate the palate. It could be designed along the lines of Incaparina, a mixture based on grains and oilseed meals, which has been instrumental in reducing the incidence of malnutrition of children in Guatemala and other countries. There is also nothing revolutionary about distributing free provisions to any citizen who may ask for them, since the government is now providing services, paid for by all tax-paying citizens, and available on request. Finally, the costs of this plan would be very small in comparison with the aim: to attempt to prevent hunger and malnutrition, without undermining the initiative of each citizen to provide for himself and his family. . . .

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