

Hunger in America: A Matter of Policy

BY MARION NESTLE

FOR centuries, advocates for the poor, social reformers, and policymakers have debated ways to address inequalities in access to food and other resources. Debates have centered on the conflict between sympathy for the plight of poor people and complaints that public assistance is too expensive and might encourage recipients to become dependent on charity. Since the English Poor Laws of the 1500s, public and private assistance policies have been explicitly designed to provide minimal support—that is, just enough to prevent overt starvation, but not so much as to encourage dependency. This balance, however, is not easily achieved. In the United States, for example, hunger and welfare policies have shifted in response to political change, sometimes strengthening but sometimes weakening the “safety net” for the poor. Today, welfare policies are dominated by concerns about dependency far more than they are about the nutritional, health, or social consequences of entrenched poverty.

The results of current policies are evident in newspaper accounts. On a consistent basis, one can read of the rising gap between the income of New York City’s working poor and their daily expenses; of the inadequacy of government benefits to fill that gap (Blum, 1998); and the ways in which fiscal pressures to reduce welfare rolls have forced recipients to accept minimum-wage jobs that do not bring their incomes above the poverty level (Polner, 1998). That large numbers of New York City residents, many of them working mothers of young children, require additional aid is sufficient to demonstrate inequalities in access to

food in the United States. This paper examines such inequalities, and the history and present status of policies designed to redress them, from a nutritionist's perspective.

Nutritionists view inequality in food access as a factor that increases the risk of malnutrition and disease. An ideal diet provides sufficient energy and essential nutrients to meet physiological requirements, maximize growth and longevity, and prevent nutrient deficiencies as well as conditions of nutritional excess and imbalance; it should also be obtained from foods that are available, affordable, and palatable. Most of the papers in this volume focus on the cultural, psychological, and esthetic determinants of food palatability. In contrast, this paper focuses on issues related to the availability and affordability of food in the United States. It addresses three questions: Does America produce enough food for its population? Does hunger exist in America? And, if so, what policies might ensure more equitable access to food? Because an unusually comprehensive and substantive body of historical and modern research bears on such questions, it is possible to address them with more clarity than might be expected. As this paper will demonstrate, centuries of study and debate about food inequalities have fully identified causes as well as solutions, but the solutions rarely are politically acceptable. Thus, prevention of hunger in America remains a matter of policy and political will.

Does America Produce Sufficient Food?

Since 1909, the United States Department of Agriculture (USDA) has produced annual estimates of the amounts of food, nutrients, and calories in the U.S. food supply. These figures derive from reports of the amounts of food commodities produced in the United States each year, less exports, plus imports. In 1996, the USDA estimated that the food supply provided an average of 3,800 kilocalories (kcal) per day per capita—an increase of 500 kcal per day since 1970 (Putnam and Allshouse,

1997). This level is nearly twice the amount needed to meet the energy requirements of most women, one-third more than that needed by most men, and is far higher than that needed by infants and young children (Institute of Medicine, 1989). The 3,800-kcal figure reflects food production and supply; it provides only an indirect estimate of the number of calories actually consumed. Nevertheless, it so greatly exceeds the 2,200 kcal per day benchmark for food adequacy that it is possible to conclude that the United States not only produces enough food, but that it actually overproduces food.

Overproduction greatly affects marketing and distribution practices throughout the entire food system. In 1996, the food system generated \$890 billion in sales, about 1% higher than the amount generated during the previous year; this slow rate of growth has been typical of the industry for decades. It has been shown that nearly half of all food expenditures derive from meals and drinks consumed outside the home—a fact that illustrates the increasing importance of restaurants and take-out meals as sources of food for Americans (Gallo, 1998).

Preparation of food outside the home and the development of packaged food products adds value to basic food commodities. In 1995, the "farm value" of food, the amount going to food producers, earned only 20% of total food expenditures; the remaining 80% constituted added value in the form of labor, packaging, transportation, advertising, and profit. Because value-added products are far more profitable than farm commodities, the food system favors restaurant and take-out over home-cooked food. It also favors development of new products. In 1996, U.S. manufacturers introduced 13,200 new food products into the marketplace, three-fourth of them candies, condiments, breakfast cereals, beverages, bakery products, and dairy products (Gallo, 1998). The current food marketplace includes 240,000 packaged foods from U.S. manufacturers alone (U.S. Department of Agriculture, 1996). These and other foods are advertised through more than \$11 billion spent annually on electronic and print media, and another \$22 billion or so on

coupons, games, incentives, trade shows, and discounts (Gallo, 1998). In 1997, advertising for a typical candy bar required a \$25-75 million annual expenditure, and for McDonald's more than a billion dollars (Anonymous, 1998). Such figures are vastly in excess of amounts spent by the federal government on dietary advice released to the public (Nestle, 1993). Thus, the first question about food sufficiency is readily answered. The U.S. produces more than enough food to feed all of its citizens, so much so that overproduction and waste of food resources can be considered to be the system's most critical problems (Kantor et al., 1997).

Does Hunger Exist in America?

This question also is addressed by a large body of research. As a result of policy and economic changes in the late 1970s, and the passage of laws leading to significant reductions in welfare benefits in the early 1980s, emergency food and shelter providers began to report increasing demands for their services by the "new poor"—unskilled and unemployed youth, families with insufficient resources, and the deinstitutionalized mentally ill. As the increasing need for food assistance became more apparent, community groups, academics, and government officials began to produce reports describing the extent of "hunger" in their local communities (Nestle and Guttmacher, 1992). By 1990, the Food Research and Action Center (FRAC), a Washington, D.C.-based advocacy group, had collected nearly 250 hunger studies that had been produced by communities in 40 states and the District of Columbia. The most widely-publicized of these reports was a study issued by a group of physicians in the mid-1980s. Their report defined hunger in economic terms: individuals were at risk of hunger if their income fell below the poverty line or if their food assistance benefits were inadequate. By these criteria, the report identified 12 million children and 8 million adults in the U.S. as "hungry" (Physician Task Force, 1985).

Because the purpose of the hunger studies was to document the need for increased services rather than to produce validated estimates of the extent of need, their results—no matter how consistent—were criticized as politically motivated and unreliable. These criticisms forced activists to develop precise definitions as to what they meant by hunger and to develop increasingly elaborate and sophisticated methods for estimating its prevalence.

Definitions

Hunger studies distinguish "hunger" from "food insecurity" and "malnutrition." Food insecurity is a condition of inadequate access to food or to the resources to obtain food by means that are socially acceptable. By this definition, a person who has enough food, but acquires it through stealing, prostitution, or drug-dealing, is considered food insecure. In contrast, hunger is the unpleasant sensation that results from the lack of sufficient food, and malnutrition is the long-term physiological or cognitive consequence of insufficient food intake.

Methods

Because measurement of clinical or biochemical indices of malnutrition in population surveys is difficult and expensive, few hunger studies have measured such parameters. Instead, most studies have assessed levels of food insecurity through estimates of poverty, use of food assistance programs, or unmet needs for food assistance among individuals or groups. Some studies have gone to extraordinary lengths to document these indirect measures. For example, a statewide hunger study in Texas involved twelve public hearings and four surveys that collated responses from approximately 2,000 private emergency food providers, 1,700 elderly recipients of congregate meals, 1,300 participants in one federal food assistance program, and numerous legal aid providers who worked with recipients (State of Texas, 1984).

Even more elaborate efforts went into development of a scientifically validated survey instrument—the Community Childhood Hunger Identification Project (CCHIP)—that employs sophisticated

cated statistical methods to evaluate the extent of inadequate access to food among defined sample groups. This instrument includes eight questions that probe food insufficiency and perceptions of hunger, such as "do your children ever say they are hungry because there is not enough food in the house?" A positive answer to five of the eight questions is considered as indicating household hunger; positive answers to one to four questions suggest an increased risk of hunger (Wehler et al., 1995).

The CCHIP survey established a standard for measurement of hunger and food security and its questions have been widely used. For example, a Task Force appointed by the Governor of the State of Washington used the CCHIP questionnaire to document the extent and nature of hunger in the state and its underlying causes among families whose incomes were below 185% of the poverty level, seniors participating in congregate and home-delivered meals programs, and representatives of nearly 300 public and private agencies providing food assistance. This state survey also included the results of interviews with state-level and local service providers, provider organizations, advocates, and food assistance recipients. Using this instrument, the survey identified as food insecure 233,000 Washington State residents who reside with children (Governor's Task Force, 1988).

Prevalence

In 1995, the USDA adapted the CCHIP questions for a survey conducted in collaboration with the U.S. Census Bureau to examine a representative sample of nearly 45,000 U.S. households, excluding homeless persons and prisoners. The survey had eight questions that probed whether, in the past twelve months, respondents had ever as a result of lack of food or money: skipped meals; eaten less than they wanted; not eaten for a whole day; worried whether food would run out; or relied only on limited kinds of food. On the basis of responses to these questions, the USDA reported that 12 million U.S. households lacked food security; of these, 3.3 million households reported hunger, and 800,000 households reported severe hunger (Hamilton et al., 1997).

An analysis of the results indicated that households with children under age 18 were most at risk of food insecurity and hunger, especially if members were Black or Hispanic or headed by females. Food insecurity and hunger correlated strongly with income; 12.7% of households with annual incomes below \$10,000 reported hunger, whereas just 6.6% of households with incomes from \$10,000-20,000 did so, and only 3.3% of households with incomes from \$20,000-30,000. Only half of the households reporting hunger were receiving federal food assistance, which suggests a considerable lack of coping skills among their members.

Additional studies confirm such reports. Analysis of data from the Third National Health and Nutrition Examination Survey, which used a version of the CCHIP questionnaire, identified 4.1% of the population (or 9-12 million Americans) as living in families lacking resources sufficient to ensure adequate food intake (Alaimo et al., 1998). Thus, two major national surveys, conducted with validated instruments and statistical techniques, thoroughly confirmed the results of the hundreds of more informal hunger studies conducted since the early 1980s. Clearly, large numbers of Americans are so poor or so socially or psychologically impaired that they cannot provide sufficient food for themselves or their families.

Taken together, hunger studies have provided substantial documentation of the chronic nature of food insufficiency in the United States. They also serve to illustrate the relationship of food insufficiency to lack of resources, rather than to lack of food *per se* (Nestle and Guttmacher, 1992). They clearly demonstrate that incomes considerably in excess of the federally-defined poverty level still could be insufficient to prevent food insecurity (Fisher, 1992), and that the welfare system fails to provide an adequate safety net. Finally, they confirm the inability of private charity to solve problems of food insufficiency (Poppendieck, 1998).

Even as inequitable access to food is troublesome on humanitarian grounds, it also has functional consequences. Food insecurity is highly correlated with deficient intake of calories and essential nutrients (Rose and Oliveira, 1997). In the United States, such deficiencies do not usually lead to clinically evident malnutri-

tion—the kwashiorkor and marasmus seen among adult and child victims of famine in developing countries. Instead, the deficiencies are marginal and not readily measurable, but they nevertheless induce physiological and cognitive consequences that are especially pronounced in young children: fatigue, impaired immune function, attention deficits, and impaired learning (Karp, 1993).

Historical Perspective: Welfare and Food Assistance Policies

Data indicate that numerous American households lack appropriate means to obtain food in the presence of a food system of great overabundance. At issue, therefore, is the best way to connect food insecure households with the means to obtain food (food assistance) or the means to purchase it (welfare, or cash assistance). As noted earlier, this issue has vexed scholars and politicians for centuries. Indeed, the issues that so preoccupy today's political leaders date back to the Colonial era; those related to food assistance have been debated since the Great Depression of the 1930s. If history has anything to teach us about such matters, it is that policymakers have little that is new to offer as a solution.

It must be understood that the absence of progress in developing policies to distribute food more equitably is not due to a lack of serious thinking about the matter. A perfunctory computer search of New York University's library holdings, for example, yielded more than 800 listings of titles in response to the single probe, "welfare." A great many of these titles turned out to be books of distinguished scholarship and analysis. Even the most cursory analysis of their contents indicates that food and welfare policies constitute "wicked" societal problems—those with multiple, complex causes and no easy solutions.

Welfare

Welfare—the use of public tax money to support the poor—has an ancient history. Societies have always taken measures to care for those who lacked resources or the ability to care for themselves. In Western societies, welfare measures served multiple and

sometimes contradictory purposes: to relieve misery, to preserve social order, and to regulate labor. Welfare provided food, shelter, and clothing for the poor, but it also kept them from rebelling, and provided a mobile labor force that could work for very low wages. In the United States, as in some other countries, welfare acquired a fourth function—the mobilization of political support. This last function has taken increasing prominence, as political leaders have exploited either sympathy for the poor or fears of inducing dependency as a means to gain electoral votes.

Welfare policies arrived in the United States with the earliest English settlers and their Poor Law traditions. The English Poor Laws derived from the realization that private charity was inadequate to meet the needs of the indigent and that the use of taxes to support the poor was a necessary public duty in a civilized society. Care took the form of food, clothing, and fuel. In return, able-bodied adults were required to work; children also had to work and could be bound out as apprentices (Abbott, 1940). The Poor Laws established workhouses and mandated imprisonment for those who did not comply with work requirements. The resulting welfare system was based on three principles: local responsibility (towns took care of their own), family responsibility (children took care of parents, and *vice versa*), and local residence (people had to live in the immediate area to receive benefits).

The English welfare system was based on one overriding assumption: that the poor were inherently less worthy than everyone else, and were not simply the victims of illness, bad luck, or a rapidly transforming economic system. Such assumptions were given great credence by the writings of Malthus. In his Essay on the Principle of Population, Malthus condemned public relief on the grounds that it fostered dependency among undeserving, alcohol-abusing people:

The labouring poor, to use a vulgar expression, seem always to live from hand to mouth. Their present wants employ their whole attention; and they seldom think of the future. Even when they have an opportunity of saving, they seldom

exercise it; but all they earn beyond their present necessities goes, generally speaking, to the ale-house. The poor-laws may therefore be said to diminish both the power and the will to save among the common people; and thus to weaken one of the strongest incentives to sobriety and industry, and consequently to happiness (Malthus, 1817: 49).

Malthus recognized the deleterious consequences of the Poor Laws: the "... crowded, unhealthy, and horrible state of the work-houses," the inability of many parishes to care for the large number of needy, and the inadequate responses of voluntary charities. These factors, he said, "... may be considered not only as incontrovertible proofs of the fact that they [the Poor Laws] do not perform what they promise, but as affording the strongest presumption that they cannot do it" (p. 57). Thus, Malthus advocated what we would today consider a form of "tough love," with fair notice given to gradually eliminating assistance so as to "... teach the labouring classes to rely more upon their own exertions and resources, as the only way of really improving their condition...." (p. 245).

The early colonists brought this system, prejudices and all, to America. In 1790, the territory of Ohio passed the first American poor law based on the English tradition of local control, family responsibility, and local residence. By the 1850s, similar provisions were written into the constitutions of most states. As with the system in England, local responsibility proved inadequate and unenforceable. Communities argued about who had to bear responsibility for taking care of the poor. By the end of the colonial period, families, churches, communities, schools, businesses, fraternal orders, and local governments all were involved in helping the poor. With the industrial revolution came an increase in urbanization, the replacement of family shops with factories, and an increase in living standards, along with an ever-rising gap between the income levels of the rich and poor (Abbott, 1940; de Grazia and Gurr, 1961; Klebaner, 1976).

From the 1700s on, poor relief involved four methods: auctions to the lowest bidder, maintenance contracts to private caretakers,

town-run asylums, and outdoor relief—cash, food, soup kitchens, fuel, or shelter. As was the case in England, the system was notably ineffective and subject to abuse. People receiving public assistance were deprived of the right to vote; children were removed from families and placed in orphanages, or made to work; families were separated. The auction system drove down the cost and the quality of care, and the indigent could be forcibly removed to another community. Astonishingly, such problems lasted well into the 1940s (Katz, 1986). Overall, they illustrated the generally unsatisfactory results of leaving the care of the destitute to local authorities or to private charity.

Debates about the benefits or deficiencies of this system have existed much in their present form for at least the last 175 years. In 1824, for example, the New York State legislature asked the Secretary of State to count the number of "paupers" in the State, determine the status of poor laws across the country, review existing documents relating to the problems caused by pauperism, and suggest legislation to relieve any problems—a typical hunger survey. The resulting document is remarkable for its clear delineation of the issues raised by welfare policies—issues virtually identical to those under discussion today (Yates, 1824).

The survey identified 22,000 paupers in New York, some temporarily poor but others permanently so as a result of mental or physical illness, blindness, old age, or—for more than two-thirds—the "excessive use of ardent spirits" (Yates, 1824: 941). Nearly half the paupers lived in New York City, which was viewed as acting as a magnet to attract to its "... haunts and recesses, the idle and dissolute of every description" (p. 942).

The report expressed concerns about the nearly 9,000 children identified in pauper families in New York State. These were found to be:

...entirely destitute of education, and equally in want of care and attention, which are so necessary to inculcate correct moral habits: it is feared that this mass of pauperism, will at no distant day form a fruitful nursery for crime, unless pre-

vented by the watchful superintendance of the legislature (Yates, 1824:942).

The Secretary of State observed that the substantial cost of poor relief—an average of \$35 per person per year—raised questions about whether the whole system should be abolished and its support left to private charity, even though every country of the world, even China, had adopted a code of laws for relief and maintenance of the poor, and the absence of such laws "... would be inconsistent with a humane, liberal, and enlightened policy" (p. 950). The present system, however, was none of those:

That our poor laws are manifestly defective in principle, and mischievous in practice, and that under the imposing and charitable aspect of affording relief exclusively to the poor and infirm, they frequently invite the able bodied vagrant to partake of the same bounty, are propositions very generally admitted. [The Poor Laws]...lead to litigation of the most expensive and hurtful kind, in appeals and law suits concerning the settlement, maintenance, and removal of paupers, exhausting nearly one-ninth of the funds intended for their relief, in the payment of fees of justices, overseers, lawyers, and constables, and are at the same time productive of much cruelty in the removal of paupers, frequently at inclement seasons of the year, regardless of the claims of age, sex, or condition (Yates, 1824: 951).

Such practices seemed to be "inconsistent with the spirit of a system professing to be founded on principles of pure benevolence and humanity" (p. 951). They led to cruelty, especially to children; did not provide adequate employment; led to vice, dissipation, disease, and crime; encouraged "sturdy beggars and profligate vagrants" to become dependent on public funds; promoted "street beggary;" discouraged the care of the mentally ill; and attracted immigration of paupers from other towns, counties, and countries—even from Canada (p. 952).

Until a system... can be devised, humanity, will administer relief to the indigent and infirm, incapable of labor, provide employment for the idle, and impart instruction to the young and ignorant, little hope can be entertained of meliorating the condition of our poor or relieving the community from the growing evils of pauperism....To devise such a system, is confessedly a task as arduous as any that falls within the whole range of political and economical experiment; and statesmen of the most profound talents and extensive research, have lamented their inability to provide a full and competent remedy (Yates, 1824: 955).

Despite recommendations to establish more workhouses and fund poor relief through increased taxes on alcoholic beverages, the system continued through the 1800s with only minor modifications. In the late 19th century, selected groups such as the insane, blind, deaf, and children were removed from local control and placed in special facilities where they received better care. New welfare institutions developed: labor unions, the Salvation Army in 1880, the Red Cross in 1881, and various Settlement Houses in the late 1880s. Foundations and business service clubs also became active in poor relief prior to the onset of World War I (de Grazia and Gurr, 1961).

The federal role in welfare began only in the early 1800s with the issuance of grants of money, loans, food, clothing, tents, and seeds for victims of fires, floods, earthquakes, cyclones, and volcanoes in the U.S. and abroad (Abbott, 1940). The first federal authorization to provide food relief occurred in 1874, with aid to victims of floods in Mississippi and Tennessee. Beginning in the early 20th century, states began to supplement local agencies, with funds administered through state boards. A federal Children's Bureau was established in 1912. In 1913, the income tax passed, making possible a broader federal role. The 1921 Sheppard-Towner Act provided grants to states for welfare projects until 1929, when it was repealed. These actions established a basis for the far more serious involvement of government in welfare activi-

ties that occurred during the Great Depression of the 1930s when it became clear that local and state efforts were inadequate to meet the needs of the poor. Reports that children were going to school hungry and that people were close to starvation—in the presence of abundant food that could not be sold by farmers or purchased by consumers—led to development of the welfare and food assistance programs that still exist today (Poppendieck, 1986).

Every step toward increasing federal involvement in food and welfare assistance drew protests, particularly from wealthy and influential individuals, many of them on boards of private charities. The principal arguments were that supporting the poor induced dependency and that private charity would be more effective than using tax funds for assistance. Specifically to address this point, the Census Bureau compared levels of private and federal charity during the Depression years: The results were unequivocal: 65-70% of all relief aid—before and during the Depression—came from the state or federal government. On the local level, an even higher percentage, as much as 90%, was city-funded (Abbott, 1940: 662). Indeed, the proportion of aid from federal sources increased during the years of greatest need: from 76% in 1929 to 82% in 1932 to 97% in 1934 (Miles, 1949: 18).

Even this brief history reveals several themes common to all historic—and modern—discussions of welfare policy:

Compassion for the plight of the poor versus deterrence. Since the time of the first English Poor Laws, governments have struggled to design welfare policies that provide minimal relief of hunger without inducing dependence on such assistance.

Private charity versus tax-supported welfare. History reveals a consistent inability or unwillingness of private charity to meet the needs of the poor (Poppendieck, 1998).

Local versus state versus federal authority. Throughout history, the trend has been toward increasing centralization of welfare aid from local communities to states to the federal government, as a result of the demonstrably inadequate efforts of local and state governments to provide adequate relief. As discussed below, current efforts to reverse that trend are unlikely to succeed.

Symptoms versus causes. The history of welfare is one of policies to relieve immediate needs for food, rather than to develop longthier and more fundamental programs that might empower people to improve their education, training, and employment opportunities. *Welfare reform versus benefit levels.* Advocates of “reform” typically have used this term as a euphemism for reductions in benefits.

Means-tested programs versus entitlements. More recently, welfare debates have revealed the tension between means-tested programs that protect only the poor, such as Aid to Families with Dependent Children (AFDC) or Food Stamps, and social welfare programs that offer benefits to everyone entitled to receive them, including people of middle and upper income (e.g., Social Security, Medicare). This theme reflects racial issues when “poor” is interpreted as a code word for “Black” (Wilson, 1987).

Food Assistance

The history of food assistance in the U.S. can be conveniently divided into discrete eras by decade. The 1930s constituted the era of initiation of surplus commodity distribution. At a time when widespread unemployment, soup kitchens, and breadlines coexisted with massive destruction of surplus food and loss of income to farmers, Congress voted to distribute surplus food as relief, thereby achieving two simultaneous goals: support of agricultural producers and aid to the poor (Poppendieck, 1986). Congress authorized food relief in 1930, more formal oversight of farm prices and production in 1933, a food distribution program in 1935, and pilot School Lunch and Food Stamp Programs in 1936 and 1939, respectively.

The 1940s constituted an era of full employment. With the onset of World War II, both the number of destitute families and food surpluses declined, and cash assistance partially replaced food distribution as a form of aid (Kerr, 1988). In the years immediately following the War, hunger and poverty demanded—and received—relatively little public attention, a situation that continued through the relatively quiescent 1950s.

Beginning in 1961, Congress began to expand the distribution of surplus foods and to establish pilot Food Stamp programs in selected counties with high poverty rates; it extended the Food Stamp program nationally in 1964. In 1968, teams of investigators sent to investigate reports of overt malnutrition and hunger found these conditions to be widespread among economically depressed people in more than 250 "hunger counties" throughout 23 states (Citizens Board of Inquiry, 1968). The report of these investigations elicited demands for immediate expansion of federal efforts to improve food assistance to the poor, as did a CBS television documentary based on the findings. In response, the U.S. Senate in 1968 appointed a Select Committee, chaired by George McGovern, to address issues related to hunger and poverty in America (U.S. Senate, 1977). Other surveys conducted from 1968-70 identified significant levels of malnutrition or inadequate food intake among low-income children and adults, and provided further evidence for the connection between poverty and nutritional risk (Anonymous, 1972). In 1969, President Nixon declared a "War on Hunger" and called for a White House Conference to propose policies to eliminate hunger and malnutrition caused by poverty.

The White House Conference, held in 1970, resulted in calls for further expansion of food assistance programs, especially for the most vulnerable groups—women, infants, children, and the elderly (White House Conference, 1970). During the 1970s, the Senate Select Committee introduced numerous bills to expand food assistance, and the programs grew rapidly (U.S. Senate, 1977). From 1969 to 1977, annual federal expenditures for food assistance increased from \$1.2 to \$8.3 billion. These expenditures proved remarkably effective; in 1977, when investigators revisited poverty areas, they observed far less overt malnutrition than had been evident a decade earlier (Kotz, 1979).

In contrast, the decades of the 1980s and 1990s were eras of cost containment and welfare curtailment. Beginning with legislation passed in the early 1980s, welfare benefits became more restrictive and increasing numbers of people began to take advan-

tage of food entitlement programs such as Food Stamps. By the peak year of 1994, 10% of U.S. adults—25.5 million people—were receiving Food Stamp benefits at a cost of \$25.5 million. In the mid-1990s, the USDA sponsored the 15 food assistance programs listed in Table 1. Because the cost of these programs reached \$38 billion annually in 1996 (Oliveira, 1997), they constituted prime targets for budget reduction.

TABLE 1 DEPARTMENT OF AGRICULTURE FOOD ASSISTANCE PROGRAMS, 1996¹

Program	1996 Costs, \$ Millions ²
Food Stamps	25,000
Child Nutrition	
National School Lunch	5,300
School Breakfast	1,100
Child and Adult Care	1,500
Summer Food Service	250
Special Milk	17
Supplemental Food	
WIC ³	3,700
CSFP ⁴	99
Food Donation Programs	70
Food Distribution, Indian Reservations	146
Nutrition for the Elderly	<1
Disaster Feeding	45
Temporary Emergency Food Assistance ⁵	11
Charitable Institutions and Summer Camps	35
Soup Kitchens and Food Banks ⁵	
1996 Total ⁶	38,000

¹Sources: Oliveira, 1997; 1998b.

²All figures rounded off.

³Special Supplemental Feeding Program for Women, Infants, and Children.

⁴Commodity Supplemental Food Program.

⁵Welfare reform legislation in 1996 combined these two programs into one, as of 1997.

⁶The total amount decreased in 1997 to \$35.8 billion, owing to reduction in spending for the Food Stamp program.

Current Welfare and Food Assistance Policies

The welfare system in the United States encompasses a complex collection of programs that assist the poor with cash, medical insurance, housing, and food. Prior to enactment of welfare reform in 1996, the principal cash assistance program was Aid to Families with Dependent Children (AFDC). Over the years, the value of AFDC monthly payments had declined from a 1970 median of \$792 for a family of three to \$435 in 1993. Because states were able to establish their own support levels for this program, its monthly benefits varied widely, from an average of \$120 in Mississippi to \$680 in Connecticut in 1994 (Gunderson, 1998).

Federal decisions about benefits depend on a definition of poverty that is demonstrably outdated (Fisher, 1992). In 1998, the poverty threshold for a family of three was \$17,063. By this standard, 13.3% of Americans earned below-poverty incomes, 41% of which lived in households with incomes below half the poverty threshold (Second Harvest, 1998). Below-poverty incomes are unequally distributed among Americans; they are characteristic of 11% of Whites, 26.5% of Blacks, and 27.1% of Hispanics. Although children comprise 25% of the total population, 40% of them live in families with poverty-level incomes (Hamilton et al., 1997).

Welfare Reform

Current welfare and food assistance policies are governed by legislation passed in 1996 when President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act in order to "...complete the work of ending welfare as we know it, by moving people from welfare to work, demanding responsibility, and doing better by children..." (Pear, 1996:A1). Despite the well-known problems of accountability and equity in state welfare programs (General Accounting Office, 1995; Kilborn, 1996), and the lack of previous success with attempts to move welfare recipients to work (Solow, 1998), this bill transferred most responsibility for

welfare from the federal government to the states, and various types of reduced work requirements, benefit limits, and welfare reform efforts-gibility restrictions. As has been typical of welfare reform efforts throughout history, the true purpose of this bill was to reduce federal spending on assistance to the poor, in this case by \$55 billion per year (Pear, 1996).

Welfare reform produced an immediate impact on food assistance programs, most notably by restricting eligibility for Food Stamps, introducing work requirements, and reducing benefit levels (Oliveira, 1998a). By 1997—in just one year—these changes had reduced USDA food assistance spending levels by more than \$2 billion by eliminating 2.7 million recipients from Food Stamp rolls (Oliveira, 1998b). As a result of political views that assistance programs cost too much, are abused by recipients, and induce dependency, Food Stamp program costs and participation rates have declined steadily since their peak in 1994 (Oliveira, 1997; 1998b).

Although the overall costs of food assistance may appear high, the benefits to any one individual or family are rather minimal. In 1996, the average monthly Food Stamp benefit was \$73 and the average benefit for WIC (the Special Supplemental Feeding Program for Women, Infants, and Children) was \$31 (Oliveira, 1997). Such amounts, however, can make a significant difference to families with poverty-level incomes. Food Stamps, for example, provide an average of 8% of the income assistance to poor households (Golan and Nord, 1998).

Welfare: New York City

Because the New York State constitution contains a provision that requires "...aid, care, and support of the needy," state and city agencies are required to compensate for any shortfall in benefits that might occur as a result of the new welfare legislation (Firestone, 1996:A1). In New York City, welfare costs are exceptionally high; 2.2 million of the 7.5 million inhabitants have incomes below 125% of the poverty threshold, among then

900,000 children and 200,000 elderly. More than 800,000 people—half of them children—receive Public Assistance, and 1.1 million people receive Food Stamps (Community Food Resource Center, 1998). The City's Food Bank provides emergency food to 863 agencies that serve 400,000 people each month. Three-fourths of the recipients of emergency food report annual household incomes below \$10,000 (Second Harvest, 1998).

Even with cash and food assistance benefits, New York City welfare recipients have great difficulties meeting expenses (Blum, 1998; Polner, 1998). The maximum Public Assistance benefit is \$577 per month and the maximum Food Stamp benefit is \$256 per month. The *average* Food Stamp benefit in New York, however, is \$77 per month. Taken together, the maximum total benefit is \$9,996 per year (Community Food Resource Center, 1998). In comparison, an individual working at the minimum wage rate of \$5.15 per hour, 40 hours per week, 52 weeks per year, will earn a maximum of \$10,712 per year. Because even this amount is unlikely to be achieved, minimum-wage jobs provide little incentive for welfare recipients to go to work.

What Policies Might Address Food Inequalities?

In the current political climate, concerns about the costs of welfare greatly outweigh considerations of social equity or sympathy for the plight of the poor. Thus, the government's major new anti-hunger initiative is an almost Biblical "gleaning" program that requests voluntary food donations from private corporations or individuals (Clinton, 1997). Such initiatives ignore the overwhelming historical evidence for the failure of private charity to meet the needs of the poor and tend to benefit donors far more than recipients (Poppendieck, 1998).

Other aspects of current welfare policies also have roots in history. Corporations, for example, viewed the 1996 legislation as a business opportunity and began competing for the rights to con-

duct welfare operations through fixed-price contracts with states (Bernstein, 1996). As pointed out by Yates in his 1824 study, such actions raise concerns that the desire to earn profits will cause inappropriate reductions in welfare rolls. In New York City, welfare recipients moved to welfare programs frequently replace unionized employees who are paid four times as much. As a result, public agencies and private corporations have been able to increase their employee rolls yet realize considerable savings on the costs of salaries and benefits. This situation has led some welfare activists to categorize welfare programs as "a form of slavery" (Martin, 1995:B2).

Conservative views of welfare and food assistance as ultimately harmful to recipients ignore the substantial body of evidence for the effectiveness of such programs in providing a safety net for the poor (Golan and Nord, 1998). What past and current policies have not done, singly or together, is to raise incomes above the poverty line (Mayer and Jencks, 1995). To be effective, an anti-hunger policy must first address the reasons why people are poor and, therefore, solve problems related to the lack of employment, other sources of income, housing (Shinn et al., 1998), education, health care, transportation, child care, and family support systems, and, when needed, mental health and substance abuse care (Schmidt et al., 1998). Meeting any one of these needs, of course, represents a major financial and social challenge.

Nevertheless, the key elements of any truly functional welfare policy—one that provides adequate food security—are well established. The policy should include an adequate minimum wage, increased tax credits, subsidized housing, health care protection, and support for child care, job training programs, and treatment of substance abuse and mental health problems (Ellwood, 1988; Shapiro, 1989). Serious consideration of such comprehensive approaches to eliminating food inequities requires understanding of hunger as a chronic societal problem that cannot be addressed in isolation from other correlates of poverty.

Whether the costs of redressing income and food inequities are too high is a question of politics, not resources. With little controversy, the federal government supports substantial "welfare" for the wealthy. Current federal programs encourage the rising gap between the incomes of rich and poor through entitlements such as Social Security and Medicare, as well as tax-deferred pension plans, tax deductions for mortgage payments and business expenses, capital gains deferrals, untaxed bonds, and tax rates that favor individuals with steady employment, higher earnings, and owned homes (Zepezauer and Naiman, 1996). Clearly, the issue of who benefits from federal funding is a matter of political priority. Otherwise, it would be difficult to explain why Congress would grant \$465 million to purchase unnecessary airplanes (Cottle, 1998), more than \$165 billion to bail out failed savings-and-loan banks (Labaton, 1998), or \$125 billion per year in federal tax relief, subsidies, or other benefits to corporations (Bartlett and Steele, 1998).

Thus, some reduction in the income gap between rich and poor is economically—if not politically—possible. Certainly, other countries with far less wealth have far more equitable social policies, designed particularly to protect children and their families (Cornia and Danziger, 1997). Some recognition of the need to redress income inequities among Americans is evident in recent reports of investigations into the unfairness of New York City welfare policies (Swarns, 1998a), in state efforts to increase enrollments in public assistance programs (Swarns, 1998b), and in adjustments to welfare reform laws that make them somewhat less onerous (Oliveira, 1998a). People concerned about food and income inequalities can take some reassurance from the knowledge that welfare policies tend to occur in cycles. Efforts to promote a more equitable cycle with greater protection against hunger and poverty are highly worthwhile and certain to benefit those most in need of assistance.

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