PUBLIC HEARING

before

NEW JERSEY COMMISSION ON HUNGER

SUBCOMMITTEE ON PUBLIC COMMENT

on

PROGRAMS TO COMBAT HUNGER

Held:
July 10, 1985
The Governor's School
Monmouth College
West Long Branch, New Jersey

MEMBERS OF COMMISSION PRESENT:

Mr. Terry Grove, Subcommittee Chairman
Senator Matthew Feldman
Assemblywoman Dolores Cooper
Mr. Jack Johnson
Mr. John Avigliano
Ms. Diana Bella
Ms. Leslie Smith
Ms. Ruth Moskowitz
Mr. Dominic Ritardi
Mr. Larry Hatton
Reverend Paul L. Stagg
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TERRY GROVE (Chairman): Good afternoon, ladies and gentlemen. May I have your attention? We are prepared to begin the hearing, and at this point I would like to introduce myself and the people who are here from the Commission, and say a word about what we are doing, why we are here, and what we hope to accomplish by your being here with us.

My name is Terry Grove. I work with an organization called Church World Service/CROP, and I am the Chairman of the Subcommittee on Public Comment for the New Jersey Commission on Hunger. I am going to start on my right and have each of the Commission members introduce themselves and tell you what they do in their private lives, as opposed to what they are doing in this particular Commission.

MR. AVIGLIANO: My name is John Avigliano. I am the Deputy Director of the Middlesex County Board of Social Services.

MS. BELLA: I am Diana Bella. I am with the New Jersey Department of Energy.

MS. SMITH: Leslie Smith, Executive Director of the Center for Food Action in New Jersey.

MS. MOSKOWITZ: Ruth Moskowitz, Director of Food Services for the Elizabeth Board of Education. I am representing School Food Services.

MR. RITARDI: I am Dom Ritardi from the State Agriculture Department. I am head of the Food Distribution Program for the State Department of Agriculture.

MR. GROVE: A few years ago, some people gathered together at an ad hoc committee to look at the problem of hunger in New Jersey. It was determined that there was a considerable amount of hunger in New Jersey and that not much was being done about it in organized ways. That committee became several other committees, and it finally became a committee called The Blue-Ribbon Committee. It was called into being by the New Jersey Council of Churches.

As a result of some of the work of that committee and some of the work of the Impact Committee in New Jersey, legislation was introduced, passed, and signed by the Governor for a New Jersey Commission on Hunger to be established. The Commission was established

on April 24, 1984. It was to have an 18-month life span, whereby it could study the problem of hunger in New Jersey and then bring recommendations to the Governor and to the Legislature in order to help them determine the best way to legislate to ease the problem of hunger in New Jersey.

This Commission has been at work since that time. One of the things we have done-- It was felt we needed to go out to locate the people who are working with those who are hungry, and to go out to where the hungry people are, in order to give them an opportunity to talk to us before we get too far down the road in our decision-making, so that we will have input from across the State of New Jersey.

So far, we have eight public hearings which covered most of the State of New Jersey. We are here at this public hearing, the ninth and final hearing, in order to hear testimony from people from all over the State, from a variety of backgrounds. We are also here because the Governor's School is here this month and there are students from scattered high schools in the State of New Jersey gathered with us to actually see what a hearing is all about. This will improve their education, and, also, this is a nice central place where we could call in people we needed and wanted to have testimony from. Many of you are those folks.

The testimony this afternoon is going to be a long process. We have practically every time slot filled. We are starting a bit late, and we will be running straight through, with an hour break for supper. Then we will be here from seven o'clock to nine o'clock this evening. We have most of you scheduled in 15-minute time blocks. We would appreciate it if you would stay very close to those 15 minutes. Actually, you will have about 10 minutes to make your presentation, and that will then allow five minutes for us to ask clarifying questions of you.

It is important for you to know that this panel is here to take testimony. We are not here to problem solve; we do not have answers that we can give back to you. If you have major issues you want help on, we cannot do that. Our job this afternoon is to listen to you, to take notes, and to use the garnered information as a part of

our planning for the future. We are sorry it works this way. Sometimes there are immediate problems which people want responses to, but as a Commission, we simply cannot do that.

Also, we cannot tell you what we are going to be recommending. We are still in the data-gathering stage, so please don't press any of us for answers about where we are going to come out. We will listen carefully; we will take notes; and, we will put information down so that we can refer back to it.

Now, to help us to do that, the Office of Legislative Services in Trenton, New Jersey, has sent us two very capable women who have worked with us at these hearings in the past. They are Jeanette Betz and Mary Jane Zimpleman. The machine they have in front of them will take down every word we utter here this afternoon, that is if we are close enough to a microphone when we say it.

When you come up to give your testimony, there are two microphones, the one that looks like this (demonstrates), which is the one that does the taping, and the one that looks like this (demonstrates), which is the one that amplifies your voice so we can all hear you. We would appreciate it if you would make sure that you stay near a microphone so we can pick up all of the information. When you give testimony, please come to the table in the center aisle, give us your name and spell your name, so there will be no mistakes when the tape is transcribed for us to read. Make sure you give us your name and spell your name -- first and last names -- and then tell us what organization you represent as you are giving testimony. Then begin your testimony, and you will have 10 minutes to do that.

We have some additional people who have joined us on the panel. It is very important for you to know who they are, so I will let them introduce themselves. On my far right:

MR. JOHNSON: My name is Jack Johnson; I am the Chairman of the Commission.

SENATOR FELDMAN: I am Senator Feldman from Bergen County. I am very proud to be a member of this Commission.

MR. GROVE: Actually he is very proud to be one of the sponsors of the bill that made this Commission possible. We are very pleased that you are here with us this afternoon, Matt.

Jack Johnson is the Chairman of the Commission on Hunger. The lady who is standing there-- Marsha, would you step inside for a minute? I would like you to know Marsha Abrams. Marsha is the Executive Director -- paid staff -- of the Commission, and we are very pleased to have her because of the work she has done for us.

We will now begin. The first person we would like to call on is Bernice Mayes. Bernice?

BERNICE MAYES: Good afternoon, Mr. Chairman. My name is Bernice Mayes. I am very appreciative of the opportunity to testify this afternoon. I am President of the New Jersey School Food Service Association, Chairperson of the Essex County Advisory Board on the Status of Women, and Director of School Food Services for the Newark Board of Education.

The National School Lunch Program is currently facing its most difficult challenges since being enacted in 1946. The Administration this year is seeking legislation to reduce Federal support for child nutrition by $686 million, almost all of which is for child nutrition and school lunch programs. The Child Nutrition Program is a program for all children. The focus needs to be centered on the working poor with children, those who are just above the poverty line. They are 185%.

We need to consider the family that does not qualify for any program. This group of citizens is not considered by any group and are often called the middle class, or the middle income. New Jersey is considered the Garden State, and 34% of our land is agricultural. The Hunger Commission could consider developing ways that vegetables, fruits, and poultry could be more cost effective for the citizens of the State. Most of our vegetables and fruits come from California. We are a State that depends on Pennsylvania at the southern end and New York at the northern end. If Congress were to eliminate Section 4 funding for the paying child, two things would happen: First, there would be a significant increase in the price the child would pay for the school lunch. A recent USDA study of the National School Lunch Program indicated that the price of the meal is the most important factor in determining whether or not a child participates in the lunch

program. The children affected will be from families with incomes between $20,000 and $35,000, and poor children in schools which no longer can afford to operate the program. Many of these families simply cannot afford a significant increase in meal prices. As a result, several million middle-income children will eventually drop out of the program because they can no longer afford to participate.

Second, schools in which the majority of the students are paying students, where there is a very low percentage of free and reduced price school lunch participation, would no longer be financially able to continue to participate in the Federal program. Schools with only 20% free and reduced priced meals, for example, would receive no cash subsidy for 80% of the meals. Many of these schools would close their programs. As a result, 20% of the children, those who are poor, would receive no benefits.

Why am I telling you this? Because, as a State, you would have to pick up the tab. Most of the population that I represent are truly interested in nutrition. In Newark schools, for example, we have never served nonnutritious food to elementary school students. In fact, we serve fruit each day with the meal. When we offer a choice, most students choose the complete meal. The Newark school system has long been a promoter of nutrition. Many students receive their only balanced meal in school. Newark is one of the few districts in the State that offers a breakfast, as well as a lunch program in all schools. I'm sure many students' diets are lacking because of the meal they eat at dinner time.

We also participate in the Summer School Program, and during the last two years I have noticed that students really depend on these meals. The barrier that we encounter when trying to improve nutrition is that we often teach students good habits and nutrition awareness, but they lose it once they return home to their parents.

Our program is funded by both the Federal and State governments. The funding is not secure because many of the child nutrition programs do not have permanent authorization. Our program can be improved by teaching parents the importance of nutrition. When the community and the parents become aware and increase their interest

in nutrition, then we will be able to move in the right direction. We must involve the parents and the community.

Another important aspect is the growing trend of one-parent, female-headed households. The Essex County Advisory Board on the Status of Women has done a study on the economic status of women in Essex County. May I quote just a few things from the study?

Nationally, in 1980, two out of three poor adults were women and 75% of the country's poor were women and children. In Essex County, in 1980, over one-quarter of all families were headed by a woman. Thirty-four percent of all children in Essex County live in families where the mothers are the sole household. In Newark, more than 51% of all children live in this type of a family. These statistics are significantly higher than the national average.

The 1980 census stated that the median income of women in Essex County was $4,813. In Newark, the income was $9,592. Almost 90% of the women in Essex County had an income below the poverty line, representing 60% of the poverty population. In fact, 70% of all Essex County families with an income below the poverty line are female-headed households. Women and their children are often occupying or seeking housing, which is another problem taking up part of their incomes. Private schools with tuition above $1,500 were removed from the National School Lunch Program two years ago.

Let me conclude by noting that the vast majority of Federal support for child nutrition is already means tested. A hungry child, whether poor or not poor, is dull in curiosity, lower in stamina, and distracted from learning. We urge the Commission to reject any proposal that will lessen the commitment to child nutrition.

The National School Lunch Program is the world's largest and most effective child nutrition effort. We are proud of this program, Mr. Chairman. It has made an outstanding contribution to the health and education of our nation's young people. It is an important part of our national life. Thank you.

MR. GROVE: Thank you, Bernice. Are there any questions from the panel? Leslie?

MS. SMITH: Just to clarify the impact of the dropping of the paying child from the school lunch program, is the money that a child pays for his or her lunch at school used to subsidize the reduced price and free lunches for the children who are of low-income families?

MS. MAYES: Please ask that again.

MS. SMITH: If the proposed dropping of the paying child in the school lunch program happens, does that remove a subsidy for the children who are getting free and reduced price lunches?

MS. MAYES: No.

MS. SMITH: Could you explain that a little more clearly?

MS. MAYES: Okay. We get three tiers, if I am hearing you correctly. We get a reimbursement rate for a paying child, for a reduced price child, and for a free child. What they are eliminating is the paying child, which is 12-1/2 cents at this time.

MS. SMITH: Does the reimbursement for the paying child--

MS. MAYES: (interrupting) That means that the lunch price for the paying child would have to be increased. What I'm saying is, the people who can afford to be in a private school are not in a public school or in the lunch program anyway. They were eliminated with the tuition reimbursement. You're talking about people who are just above the poverty line, or those people who say, "I want to make it. I do not want anything. I want to pay for my child's lunch, but you are now making it impossible for me to do that." I think you need to know that the money we receive is to help to operate the program. It does not go for the child. The child pays the fixed rate that is set. This is for operations. I think what we need to understand is that we do not want to get to the point where every child who is eating a school lunch knows that he is on welfare. They all need to participate and grow up together, because when they get a job they will have to work and live together. I think it is healthy for all of them to get to know one another and to participate in this program together.

MS. SMITH: Thank you.

MS. BELLA: Just to further clarify because I want to make sure this is something else you said about the effect on the poor child-- In schools where most of the children are paying children and

there are only a few poor children, you are afraid that if the price of the lunch is raised too high, many kids will no longer buy their lunches and the school may just decide to drop the program.

MS. MAYES: Yes, they will drop the program, because if you can't afford to-- It can work in either direction. Say, for example, that 10% of your students are free and 80% pay. You cannot afford to worry about the few free when you have to raise the prices. People tend to work in the context of where there is a majority.

MS. BELLA: Thank you.

MR. RITARDI: Bernice, it's nice to see you.

MS. MAYES: Thank you.

MR. RITARDI: I think what you're saying is, in New Jersey currently, there are about 10,000 students being fed daily under the commodity program. If I am reading you correctly, what you are saying is, possibly you could lose as many as 150 to 1,000 students if the schools drop out of the school lunch program. The students who are at the free level in those schools which support more paying children than free and reduced meals, will fall through the cracks, so to speak, and those schools will begin to lose a lot of participation.

I have one question for you. I know you are on a legislative committee for the New Jersey School Food Service Association, and I was wondering if any estimate has been made as to what it would cost the State of New Jersey to continue the program if these cuts, in fact, do come through. Do you have any idea?

MS. MAYES: We did a study on that. I do not have the information with me, but I will see that the Commission gets the report.

MR. RITARDI: Thank you.

MR. GROVE: Ruth?

MS. MOSKOWITZ: Thank you. It's good to see you, Bernice. Thank you very much for speaking on behalf of the child nutrition programs in the schools. You have been an excellent leader in the State in the school programs.

I wonder if you could tell us if you feel there are any stumbling blocks in meeting the needs of the needy children, for

example, the paperwork burden and the applications. How do you feel that has affected our meeting the needs of all of the hungry children in the State of New Jersey?

MS. MAYES: Okay. I can probably answer that better than anyone else regarding the paperwork. We have a system now where you have to verify how many students -- how many applications you have at the end of October. The paperwork has cost Newark, probably, $15,000 or $20,000 -- that is a conservative estimate -- just to find out that 80% or 90% of our people still receive welfare and food stamps. The guidelines say that if you are receiving food stamps, you can automatically go on the program. But, we have to take every application from the schools, or 3%. We choose 3%. We have to bring them in and verify it. I have not found that many who did not qualify, because you can go to the food stamp office and, as long as you have a person's number, you can verify whether or not that person is on the program. They send us all of the information. If we could just get rid of the paperwork, we could be doing what we should be doing, as we are truly concerned about hunger. Cut out the paperwork, and set up whatever guidelines are needed, but make them simple so that the person who is running the program can see in the field what he or she needs to see or what he or she needs to do.

You know, we have a way of setting up a program and then it becomes top-heavy with administration. I'm not knocking that, but you have them so bogged down with it that they can't get out to see. Everyone needs a piece of paper, and you have 100 pieces of paper, so you can never get to the real program.

MR. GROVE: Thank you very much.

MS. BELLA: May I ask one more question?

MR. GROVE: Yes.

MS. BELLA: You mentioned that you are one of the few school districts which offer a school breakfast. Do you have any idea why that might be? Do you know what could be done to have more schools offer the school breakfast program?

MS. MAYES: Well, usually, I find that the breakfast is quite interesting because only people who are truly hungry, or who truly want

to eat, come to breakfast. They are pleasant, including staff and everybody.

But, in support of those people who do not have the breakfast program, first, you have to remember that everything you put in a school eventually is given to the principal to administer. If you say to him, "I want people to read and I want them to pass every test"-- He just doesn t want to take on another job. Now, if you can figure out a way, those people who really know that a hungry child cannot learn will get a breakfast program. But, those are some of the reasons. Second, there is the cost. I know the cost is not that much because we use the staff we have, but we're dealing with a larger school. When you have a smaller school, there are many more problems. I think that is what you have to deal with.

MR. GROVE: Bernice, do you reach into Atlantic County with your program? Do you know about Atlantic County?

MS. MAYES: Yes.

MR. GROVE: The lady on my left would like to introduce herself to everyone and then ask you a question. Then we will have to move along.

MS. MAYES: Okay.

ASSEMBLYWOMAN COOPER: I am Assemblywoman Dolores Cooper, District 2, Atlantic County. Since I have been serving on this Commission I have received input from people who are concerned, as you and I are. What is being done to prevent fraud and waste in the school lunch programs?

MS. MAYES: Okay. People always ask us this. Number one, we follow every regulation we get from Washington, Trenton, the region, and anyplace else. We have lots of audits.

ASSEMBLYWOMAN COOPER: I'm sorry, lots of what?

MS. MAYES: Lots of audits. Everybody audits us -- the region, the State, and the Federal government. We are not the policemen. There are guidelines set up which say, "You must fill out this application." We check everything they send us. The guidelines on the application are no longer how much you can make, except for the reduced price child. The free child does not know the guidelines.

We are not the policemen to do this. We do the audit. The verification I was telling you about was put in to eliminate fraud. We follow all of the guidelines. However, I do not think you can continue to put burdens on the program operators if you want them to operate the programs. I'll give you an example. Do the auditors want me to feed the students, or do they want me to go out and antagonize the parents? They then leave the community and we have the parents here upset.

See, what I don't want it to go to-- Use any guidelines you like, but I don't think you should send it through welfare or food stamps. I have spent a lot of time in the food stamp office over the last two years, and they have so much work to do that they don't even have time for me. Yet, the guidelines from the Federal government say that is where I have to go. I have gone over there with boxes and boxes of names. It depends on whether your county is on a computer where those people are set up so they can be pulled out, or if they are still doing the operation by hand.

In Atlantic City you have a very nice program. The director in Atlantic City is very active. She can give you lots of information on Atlantic City, and a lead to where the other people are.

ASSEMBLYWOMAN COOPER: Thank you.

MR. GROVE: Thank you very much, Bernice. May we have Elizabeth Mullen and Betty Hosford?

ELIZABETH MULLEN: Hello everyone. My name is Elizabeth Mullen. I am a nurse/midwife from St. Joseph's Hospital in Paterson. I felt I could contribute to the Commission on Hunger by telling you about the clinic at which I work. It is called "St. Joe's Teen OB" because it is a clinic which provides care to pregnant teen-agers in Paterson and surrounding areas. The teens range in age from 12 through 19, with varied ethnic backgrounds and cultures. The average age is 16 or 17. By nature of their age they are at risk nutritionally. Most of them are still growing, and now they are pregnant. Their dietary intake is usually not nutritionally sound, never mind good enough to support a healthy pregnancy.

I would like to give you a little background on nurse midwifery. As nurse/midwives, our long-range goal is to provide care

for normal, healthy, pregnant women, keep them healthy throughout their pregnancy, and help them to give birth to normal, healthy babies. Nurse/midwives believe that many problems, such as low birth rate, prematurity, and preeclampsia, can be prevented through good prenatal care that includes education and nutritional counseling. The foundation for a healthy existence is built during pregnancy.

With this in mind, we try to institute prenatal care early in the pregnancy, emphasizing preventive health measures. We instruct in good body mechanics, exercise, hygiene and, most importantly, nutrition. Literature on the above topics is given, but it is not assumed that this is read and understood. It is used as a supplement to verbal teaching. We try to individualize our instructions to meet each client's needs. The four basic food groups and their roles in the development of the fetus are stressed. Amongst other things, weight gain and diet intake are evaluated at every prenatal visit. The importance of keeping appointments is stressed in order to ensure that mother and baby are doing well and that the fetus is growing appropriately. Many times women think that if there are no problems there is no need to seek prenatal care. Again, our goal is to keep them normal.

The Teen OB clinic in which I work has one physician/medical director and presently two full-time nurse/midwives. The clinic is large. We do about 170 births a year. However, it is not so large that we can't individualize care. We three work closely with a social worker, a visiting nurse, and a WIC nutritionist, who are all available during every clinic session. The social worker assesses the client's social and financial needs and makes referrals as needed. The visiting nurse makes home visits, both prenatally and in the post-partum period, on clients with special needs. The WIC nutritionist, of course, cannot be underestimated. She obtains a diet history, makes an assessment of needs and diet deficiencies, and instructs as needed on the initial visit, as well as throughout the pregnancy, as deemed necessary by the staff.

Fortunately, WIC also provides checks to meet the nutritional needs of our teens, without which all of our teaching would be wasted

due to the low incomes of most of our clients. Most of our teens are eligible for WIC by nature of their age and financial status.

What this comes down to basically is that the end result was an average birth weight of 6 lbs., 14-1/2 ozs. in 1984 and 7 lbs. in 1983, which is considerable in this high risk group. Our mortality rate in 1984 was .06 per 1,000 births. We do see a drop in statistics when we register the teens later in the pregnancy. There is usually an increased incidence of low birth weight and prematurity. Again, early prenatal care is stressed.

At this time, I would like to talk a little bit about WIC. WIC is an important part of our Teen OB Program, and, as mentioned before, most of our teens are eligible. WIC, by definition, is literally women, infants, and children, a supplemental food program for pregnant women, nursing mothers, and children under five years old. The program is Federally funded through the Department of Agriculture. Unfortunately, I am informed that it only reaches about 35% of the 169,000 New Jersey residents who are at risk. Basically this is because many people are not aware of the program. WIC officials say they are beginning to see a new breed of applicant -- unemployed fathers and suburban mothers thrown into poverty by desertion or divorce -- and families with working fathers earning low incomes.

Anyway, the concept of Teen OB and the way it works is part of the solution to the large problem of hunger in New Jersey. Unfortunately, Teen OB does not reach all of the teens it should; however, we are working on that through the development of pamphlets and by reaching out to school systems. It is not enough to donate funds, but to establish programs to educate and individualize care so that the people in need can help themselves.

MR. GROVE: Thank you, Elizabeth.

BETTY HOSFORD: Do you want me tc give my testimony too? I'm Betty Hosford.

MR. GROVE: Yes, please do that, Betty, since it is about the same thing. Then we can ask questions of both of you.

MS. HOSFORD: I'm Betty Hosford; I'm with the Nurse/Midwifery Program at the University of Medicine and Dentistry in Newark. I would

like to thank you for this opportunity to speak today on a subject that is not only of vital concern to all of us, but one which has become very close to my heart over the past 40 years, namely, good maternal nutrition as the most important health assurance for the mother and her baby.

Good food is truly the bottom line. Inadequate nutrition during pregnancy has been linked with a continuum of maternal and infant mortality and morbidity. When efforts to improve maternal nutrition are applied conscientiously, the results are phenomenal. The Montreal Clinic demonstrated how nutrition counseling and the supplying of supplements as needed could virtually turn lives around. Milk, eggs, and oranges were shown to make the difference between a life of quality and a life of handicap. Birth weight is the single most accurate indicator of the baby's health and future mental and physical development. We -- not so facetiously -- label our seven- to nine-pound babies as in the genius class. Low birth weight babies, whether premature or growth-retarded, have three strikes against them from the start. Two-thirds of all neonatal deaths are of low birth weight infants. Half of the babies will grow up with IQs of under 70. Neurologic defects are three and one-half times greater in this low birth weight group -- cerebral palsy, epilepsy, learning disabilities, and behavioral disorders.

Maternal weight gain and nutrition during pregnancy are the greatest factors influencing the baby's birth weight. Low birth weight is preventable in so many instances. I am thinking of one adolescent girl we had in Newark in our clinic. At 17, she attended the clinic; she enrolled early; she had the benefit of WIC; and, she went to child birth classes. She gained 30 pounds and had a lovely birthroom birth of a 7-1/2 lb. boy. Two years later she became pregnant again, but her home conditions had changed. The baby's father was out of work. She was a late registrant. Her total weight gain was eight pounds. She came into the hospital in the ninth month of her pregnancy with a blood pressure of 200 over 140, a placenta that was separating prematurely, hemorrhaging, and she was in dire need of rescue by Caesarean section. That baby weighed 2 lbs., 2 ozs., and became a long-term, long-suffering inhabitant of our intensive care nursery.

We abound in knowledge. There have been studies upon studies done documenting the importance of nutrition to childbearing women and babies -- to all of us, for that matter -- but especially to the unborn, the young, and the developing. We have been accused here in the United States of giving more lip service and doing less for our children than any other developed nation in the world. Hopefully, our actions will refute this. Perhaps it is not so much uncaring as it is a confusion of priorities. If there are two points I would like to make today, they are, one, the need to assess and perhaps shift our tax-dollar priorities. The second point is, every physician, nurse, and midwife providing care to expectant families should become more knowledgeable about, and active in, stressing nutrition at every contact with expectant parents. This is an area where nonchalance, or even less than sound advice, has reigned supreme.

Let me speak to these points with some examples. First, a look at our misplaced priorities, if you will. At Newark University Hospital, which is a Level 3 hospital that has a large intensive care nursery, it costs in the neighborhood of $1,000 per baby, per day, in that particular nursery for the tiny premature, immature, sick babies. These small human beings are strung up with tubes and monitors. They sustain multiple punctures to provide them with nurishment and drugs, often must be subjected to surgery for bowels which are very susceptible to infection, countless x-rays, sonargrams, blood transfusions, and so on. Half of the tiny ones will die. Those who make it have a good chance of living with handicapping conditions for years to come, necessitating additional services, treatment, school arrangements, and some kind of State support.

But, we are so proud of our neonatal accomplishments, our machines, our advanced technology, our skills, all so life-saving, but for what kind of lives? At the same time in Newark, and in New Jersey, infant mortality, as of 1982, was on the rise. Maternal mortality was on the rise. In Newark at our Maternal and Infant Care Clinic, we have seen in the last two or three years, an increase in missed appointments, an increase in late registrations, and more dangerous eating patterns, which seem very related to housing. Low-cost housing

is very hard to come by, and everyone has to have a place to live. You make do with what is left for everything else. You don't come to the clinic when the bus costs 95 cents and you just don't have it. That's for one way, let alone two ways.

MR. GROVE: Excuse me, Betty; let me interrupt. You have one minute to finish up.

MS. HOSFORD: Okay. Then I will go to my main point. WIC is shared by brothers and sisters who are hungry. Food stamps are harder to come by, as we all know. I would like to say that if we had a fraction of what it costs to run the intensive care nursery spent on food supplements and nutrition guidance for pregnant women, I think we could only speculate as to the millions we could save. I think perhaps we have our priorities mixed up. We need to look at prevention.

I would just like to share with you that the emphasis by care providers on nutrition and nutrition education to pregnant women pays off in great dividends. We had one clinic in Newark where we spent a great deal of time on each visit teaching the young adolescents all about food and helping them to become partners in care. To make a long story short, we had no admissions to the hospital with preeclampsia during a 12-month period. We had one baby who was under seven pounds. In another study -- and I will leave this for the members of the Commission to look at -- where women from another clinic were admitted to the hospital with preeclampsia or toxemia, we had a cooperative effort on the part of the obstetrical service, the nurse/midwives, and the dietary service. Essentially we did a great deal of diet counseling with these young women; again, we helped them to become partners in their care; and, mainly, we fed them like queens. Their symptoms of toxemia reversed.

So, it can be done.

MR. GROVE: Okay. I am going to stop you at this point. Are there any questions?

MS. SMITH: I have two quick ones, more for clarification than anything else. What is the difference between infant mortality and infant morbidity?

MS. HOSFORD: Infant mortality would have to do with infant death; morbidity would be illness or disability.

MS. SMITH: I read in a study that infant mortality rates are reasonably static, but that there has been an increase in deaths after the first month. What would be the operative factor that would cause that period to be the period where the increase in deaths would occur?

MS. HOSFORD: I'm afraid this is off the top of my head, but I can only think that perhaps the babies in a nursery like the intensive care nursery might hang on for some weeks, only to succumb later to infection or--

MS. SMITH: (interrupting) So, in those cases, their deaths are not figured into the infant mortality rate?

MS. HOSFORD: They go into infant mortality, which goes up to the first year, but not the neonatal mortality.

MS. SMITH: Okay. Thank you.

MR. GROVE: Are there any other questions? (no response) I thank both of you for sharing your thoughts with us.

Mary Hollis and Elly Shapiro, you're on deck.

MARY HOLLIS: I'm Mary Hollis. I am speaking, I guess, dually on behalf of the County Welfare Directors Association of New Jersey. If something of Middlesex County's Board of Social Services comes in, so be it. You'll have to bear with me. I am a little bit more familiar with the totality of my own County than I am with the intricacies of each of the other 20 counties in New Jersey.

The County Welfare Directors Association is a collective of the directors of the 21 counties in New Jersey. We meet at least monthly to review, to discuss our mutual problems, and to try to come up with resolutions to those problems. Some of those are inherent in our internal operations; some are as a result of the complex, convoluted, ever-changing Federal, State, and county regulations.

The county welfare agencies are funded by either and/or the Federal government, the State government, and the county government. I am not addressing general assistance or what is commonly called local welfare -- municipal welfare -- since that is not under the jurisdiction of the county welfare agencies.

For your information, there are a variety of sources of statistical data of county welfare agencies, both in New Jersey and in

the nation. I have left some pamphlets with you for distribution. I would call your attention to that which is published each month by the Division of Public Welfare, which is called "Public Welfare Statistics." It will give you an idea-- It will give you, very clearly, the numbers of cases on AFDC in the State of New Jersey, on food stamps in the State of New Jersey, on medical assistance in the State of New Jersey and, in addition, general assistance, as I mentioned before. There are other pamphlets that come out, some of them published by the Division of Youth and Family Services, and some of them published by the Division of Medical Assistance and Health Services. All three of these Divisions play a role in the county welfare agencies' administration of these various programs.

If you are not already aware, I think you will be very much interested in the State yearly published "State Plan for the Homeless." It does not just deal with homeless. I'm glad that Betty Hosford talked about homelessness and its interrelationship with hunger, because they are closely associated. For each county, this book gives the services that are available in an attempt to aid the homeless, and the emergency food services available. This book can be -- not purchased, because I think they are available at no charge -- obtained from the Division of Public Welfare and/or the Department of Human Services.

In each of the county welfare agencies, there are a variety of programs administered. Perhaps one of the most important of those is Assistance to Families with Dependent Children. First, let me tell you that in the State of New Jersey, in August, 1984, there were 127,864 cases. That means 382,413 persons were on AFDC in the State of New Jersey. The majority of those persons were children under the age of 18. The AFDC Program provides a basic grant which is supposed to take care of the three basic needs -- food, clothing, and shelter. You are all aware, I'm sure, that it is now not only assumed, but recognized, that that sum will not provide for those three services, so, in addition, the Federal government provided the Food Stamp Program. Persons on AFDC, if they meet certain other requirements, are, in addition, also eligible for food stamps.

The Food Stamp Program in the State of New Jersey, again in August, 1984, provided services -- that's food stamps -- for 192,308 households. That amounts to 469,654 persons. That is a sizeable number of residents in the State of New Jersey. We do not presume that it takes care of everyone who is in need; nor can it be presumed that that meets the food and nutrition needs of every one of the persons who is receiving it. I was told that you might be interested or concerned, or would appreciate knowing how long the food stamps last. I can tell you that it depends on the size of the family. It also depends on the knowledge of the person making the purchases of how to make the wisest purchases and make those purchases go the longest way in providing good nutrition. They can last for one week, or two weeks, or up to the last week of the month. In New Brunswick, where Lunch on the House of God is located -- that is a free meal at noontime for anyone who enters there-- Many of our AFDC famlies go there toward the end of the month because they have run out of both the funds to buy food and the food stamps to buy food.

In the Food Stamp Program -- you may know, but I shall say -- there are two different kinds of cases. One is the group who is on public assistance, the AFDC Program, who may also be eligible for food stamps, and the other is the group who are not on that assistance, but who are in need of food stamps. They may be single individuals; they may be older adults or disabled adults on SSI or SSA; or, they may be two-parent families whose income is just above the level whereby they would be eligible for AFDC. Anyway, it is a conglomerate of individuals and/or families who are also eligible for food stamps.

In addition, county welfare agencies provide a variety of social services. Some of those may be no more than information and referrals. These can be provided to any person who contacts and requests same of the county welfare agencies. It can be providing home health care or homemaker services; it can be counseling services to families with children who have school problems; it can be protective services for adults; and, it can be transportation for health services. I won't go into this any further because of the variations in each county depending on their local needs.

The county welfare agencies also administer the Home Energy Assistance Program for low-income families. They have a great deal to do with child support. They administer the Medicaid Only Program for those persons either in need of home health care because they are home bound or who are in need of nursing home care and do not have the funds to pay for this.

There is one county in the State of New Jersey which administers the Women, Infants, and Children Nutrition Program -- that's WIC -- and it happens to be Middlesex County. We have approximately 1,700 active individuals who have been deemed to be nutritionally deficient receiving certain foods. I agree with what was said before about this being a very valuable program. It provides nutrition when it is much needed.

MR. GROVE: Mary, one minute more, please.

MS. HOLLIS: Okay. In Middlesex County, we also have a Family Day-Care Program, where we train family day-care providers. A part of that program utilizes funds from the Child-Care Food Program from the Department of Agriculture through the State Department of Education. The 144 children who utilize this Family Day-Care Program also have the benefit of the Child-Care Food Program in Middlesex County.

I will stop here and answer questions.

MR. GROVE: Are there any questions from the panel? Dom?

MR. RITARDI: I would like to ask, in your estimation, what impact does the National School Lunch Program have, as far as feeding children on a daily basis? I'm sure it has, but in your estimation, has that lightened the burden for families where the food stamps do not make it to the end of the month? If so, what is your evaluation of that program?

MS. HOLLIS: The school lunch program is a most valuable program. I think it has helped the nutritional status of children. If it has lightened the burden, everything is relative, and, you know, people went from being very, very much in need to being very much in need.

MR. RITARDI: So, it is a valuable program?

MS. HOLLIS: Absolutely so, yes.

MR. GROVE: John?

MR. AVIGLIANO: Mary, can you comment for the panel what your experience has been with the flow of funds for the WIC Program?

MS. HOLLIS: Yes, I can. One of the difficulties in the WIC Program -- and it stands out when compared to the Home Energy Assistance Program, for instance -- is that the funding that comes through has been up and down, and up and down, and up and down. So, at one moment the administrator of WIC is told, "Increase your eligibles because we have this much more money for you." Two weeks later, he is told, "I'm sorry, the funds are going to be cut off so you are going to have to return some money to us." Then he says, "Now I have to stop," and people go on a waiting list. This just happened to us, where we had to return money out of a year's budget. Then we were told, approximately three weeks later, "The Federal government reenacted the program, or allowed the utilization of the rest of the money in the fiscal year, so now you can have this." Now you have to get out there so you do not underspend. It has been very difficult to administer because of these things.

MR. GROVE: Leslie?

MS. SMITH: The Commission is doing a study of the various systems of the programs -- food stamps, AFDC, whatever -- and I was wondering, do you have any idea how many of the eligibles -- people who would be eligible for food stamps-- What percentage of them participate, at least in your county, if not statewide?

MS. HOLLIS: I know it is not anywhere near those who would be eligible should they come forth. Earlier, the Federal government provided funding for outreach services for food stamps, but that has been discontinued, which I think has been a detriment to the continuation of eligibles coming forth.

MS. SMITH: You just answered one of the questions I was going to ask you. Also, to follow up on what the people before you were talking about, how low-income housing makes it difficult for single-women heads of household to keep their babies, and whatever, oftentimes a woman, after she has had a child, will return to live with her parents, or with an aunt, or with someone like that. She then

presents herself for food stamps and is told, "You are not eligible because you are in a 'mixed household.'" I understand that means you must count the entire income of the whole household.

That seems to be an obstacle. Can you give me the rationale of why that regulation was instituted, and if it would be helpful to have that changed?

MS. HOLLIS: It would appear, perhaps, that the Federal government, or those who made the Federal rules, felt that everyone in a household ate together and pooled all of their financial resources. Therefore, you would assume that this is one family, and that is not necessarily the case. That same hardship is now a case for AFDC, where the teen-age mother, the minor mother, who is living with her mother, or his mother -- not the minor mother with his mother -- the minor parent with the minor parent's parents, is not eligible alone, but the grandparent, if you will, of the infant -- the grandparent's income must be taken into account.

MS. SMITH: So, in essence, unless the teen-age child with a child of her own goes out on her own, she cannot get any help.

MS. HOLLIS: That is correct.

MS. SMITH: From the Federal government.

MS. HOLLIS: That is a detriment to the infant.

MS. SMITH: Thank you.

MR. GROVE: Thank you very much, Mary. We appreciate your sharing your expertise with us. We now call Elly Shapiro. Dr. Brown, you are on deck next.

ELLY SHAPIRO: Good afternoon. My name is Elly Shapiro. I am a registered nurse holding American Nurses Association certification in Community Health, as well as in Geratology. I am here today to represent MCOSS Nursing Services, Inc., which is the public health provider for Monmouth County. The agency is multifaceted in that it runs well baby clinics, maternal/child health clinics, and a Senior Citizen Health Counseling Program, of which I am one of the team members.

I want to speak today about my varied experience as a community health nurse in Monmouth County. I have seen the many faces

of hunger in Monmouth County. The first job I held with MCOSS-- I was hired for summer employment as a migrant health care coordinator, during which time I traveled around to all of the rural areas of Monmouth County seeing the men who came to work on the farms during the summer months. The men -- and basically it was mostly men -- came from Puerto Rico. They are hired year after year by the same farmers. They are flown in. They spend from May through November here and, if they complete their tour, they are given their air fare back. They work six and one-half days per week, approximately 12 hours per day, and because of the labor laws they do not have to be paid minimum wage because they are farm workers.

The main reason the men work here during the summer is to get themselves enough money together so they can go back to Puerto Rico for the remainder of the year and support their families. So, while they are here their nutrition is extremely poor. They have no transportation to get back and forth to the stores. The crew boss then charges them a certain amount of money to transport them back and forth to the grocery store. Although it is their ethnic food, they subsist on food that is very, very poor nutritionally. Since many of them suffer from hypertension, as well as diabetes, the foods are totally wrong. That is one of the things I did.

Secondly, I worked with the Child Health Conference which runs well baby clinics, and I saw the WIC Program being implemented within the agency. I would have to say that this is an extraordinarily fine program in that it has made a tremendous impact on the nutrition of children and young pregnant mothers within Monmouth County. There was a period of time during which eligibility of children was being decreased. They had been eligible until they were five, but there was a short period where the age was lowered. I understand it is back up to age five again, with certain criteria being met.

As a visiting public health nurse in rural Monmouth County seeing home-bound elderly people who had been discharged from a hospital after a critical illness, I would have to say that programs like Meals on Wheels and other meal programs for home-bound elderly have made a tremendous difference in the lives of these people.

However, many of these needs are not being met. We used to be tremendously frustrated when we would call Meals on Wheels and try to get someone enrolled in the program, only to be told that all of the moneys had already been allocated and we would have to wait until the next time slot to get that person enrolled.

Many of the people in these rural areas have no families and have no way to get to the store to shop for groceries. After a critical illness where they have beem hospitalized, these Meals on Wheels and home-bound programs would have made all the difference in their recoveries. Even now, the elderly I see, who are well elderly people who have somewhat better means to purchase their nutrition-- I see many of them at the nutrition sites in Monmouth County, and the unfortunate thing about this is that the nutrition sites only run Mondays through Fridays, not on holidays, and these people have no way or no means to provide themselves with adequate nutrition on Saturdays, Sundays, and holidays. These are the very same people who live on white bread and coffee on those days. The one hot meal they get at a nutrition center or in congregate meals makes all the difference also.

Working at the Asbury Park Hispanic Resource Center doing hypertension screening, I see some of the people who come into the food pantry. There is a food pantry in Asbury Park at the Hispanic Resource Center that is run by an order of nuns. The nuns say that approximately 200 people are served every month from food that is donated by corporations such as Campbell Soup and other companies. Those programs are making a difference in the lives of certain people.

The elderly in Monmouth County, because of the fact that the elderly in general are victims of polypharmacy, take multiple medications, and very frequently, since they are not eligible for the Pharmaceutical Assistance to the Aged Program, they need to spend a lot of their food money on medications. They suffer poor dentition because of the fact that their teeth have been lost and have not been replaced by dentures because they have a lack of funds and because they need to provide themselves with a place to live. Those are three of the major causes of poor nutrition and hunger in the elderly.

The last point I would like to make is that the long list for subsidized housing units for older people also makes it necessary for them to spend a greater portion of their monthly allocated funds on housing than should really be necessary.

MR. GROVE: Thank you very much. Are there any questions from the panel?

ASSEMBLYWOMAN COOPER: You hit one area that is casino money. What did you mean when you said that the people in Asbury Park are not eligible for pharmaceutical assistance? If they are poor, why aren't they eligible?

MS. SHAPIRO: The people I see in Asbury Park at this particular site are basically Hispanic people. They are being filtered through the regular system of welfare and everything else. Some of them are indeed eligible for pharmaceutical assistance; I am not saying they are not. The people who fall within the guidelines are eligible, but there are others who are just a few hundred dollars over the guidelines, those who do not fall within the guidelines, and who, therefore, have to pay for their medications.

A lot of people in that Asbury Park Hispanic Center go to clinics. I don't know what the problem is that they fall in-between the cracks, but they just don't get some of the services they need. Is there a problem where you do not understand what I just said to you?

ASSEMBLYWOMAN COOPER: You're either eligible or you're not eligible. If you're poor, you're poor.

MS. SHAPIRO: When I speak to them -- and, obviously, there is a language barrier -- about whether or not they have pharmaceutical assistance, it is as if they never heard of it.

ASSEMBLYWOMAN COOPER: It's an $8,000 minimum for PAAD, isn't it?

MS. SHAPIRO: I really don't know the criteria. I know it is $12,000 for a couple.

ASSEMBLYWOMAN COOPER: Yes, $12,000 for a couple, and $8,000 for a single. Don't you have interpreters to communicate this information to them?

MS. SHAPIRO: We certainly do. The place where I work is staffed by people who are bilingual, but for some reason-- That is just a small portion of people; I mean, I'm talking about a dozen people there. I'm talking about people in other areas who just-- Maybe a couple makes $13,000; that is not a lot of money when one medication costs $38.00 a month and is not on the list of eligible medications.

MR. GROVE: Are there any other questions? Leslie?

MS. SMITH: I just want to clarify one more time. If a couple is $10.00 or $20.00 over the eligibility for PAAD, most often if it is an elderly couple, are you saying that having to pay full price for their medicine is going to go over that $20.00 difference? I mean, if they are making $20.00 over the eligible rate, $12,020, their medication bills, which by definition they have to pay full price for, is certainly going to be more than $20.00 a year, isn't it? I'm talking about high medication bills for elderly people. They could be over by $5.00 and not be eligible for it.

MS. SHAPIRO: Exactly.

ASSEMBLYWOMAN COOPER: Do they understand the appeal process?

MS. SHAPIRO: I'm sorry?

ASSEMBLYWOMAN COOPER: Do those in need understand the appeal process?

MS. SHAPIRO: Yes, I'm sure they understand the appeal process, but after someone has beaten around the bush several dozen times and you have been pushed from pillar to post, you sort of get worn down and you just give up.

MR. GROVE: Thank you very much, Elly. Dr. Roy Brown? Harold Robbins, you will be next.

DR. ROY BROWN: Good afternoon. My name is Roy Brown. I am a physician trained in public health, trained in nutrition, and trained in tropical medicine. I am also board certified in pediatrics. Currently, I am the Chairman of the Department of Community Medicine at St. Joseph's Hospital in Paterson, New Jersey. I teach at Columbia University and at the New York Medical College.

I think my slant on things is somewhat different, although I share some of the concerns of the people here. Half of my career -- about 12 years or so -- I spent in developing countries. This year I have been to Haiti several times and I spent the month of March in Ethiopia. I am a health consultant for CARE, and I have been working with malnourished people -- not hungry people, but malnourished people -- for most of my professional career. I have worked in Latin America, Asia, and Africa. Part of that time was spent in refugee camps in Biafra and India. So perhaps I'm coming to this with a little bit of a different point of view.

MR. GROVE: Dr. Brown, would you make a distinction for me between malnourished and hungry? You said the people were one and not the other. Would you tell me what your definition is there?

DR. BROWN: Yes, sir. Hungry people have a feeling of being in need of sustenance. In other words, they have the feeling -- it's a subjective feeling -- of hunger. Malnutrition is documentation on an objective measurement. Malnourishment can be documented by short height for age in children, short weight for age in children, poor weight gain during pregnancy, and so forth.

MR. GROVE: Thank you.

DR. BROWN: I hope that is clear to the rest of the panel, because it is a very important distinction.

In 1968, there was a study called "Hunger USA." Perhaps you are familiar with it. It was a published document. It was written by the Citizens' Board of Inquiry into Hunger and Malnutrition in the United States. The problem was, they were doing what we have been hearing about this afternoon, namely, they presented case histories and subjective impressions. That's fine; I think that is important because it illustrates the extent, but it does not document the actual needs we are looking for.

I think hunger and malnutrition are economic and political concerns. I think when they come to documentation in health, then you can bring in some data and statistics. By the way, I didn't mention it, but I am serving on a Committee called "The Hunger Watch" for New York State. The Committee came out with a report a couple of weeks

ago. I am also on the Breast Feeding Promotions Committee in New York City and the Advisory Council for School Health in New York City.

It is important to keep in mind that there is an increasing number of people in this country who are classified as poor, that is, those who fall below the poverty line. There are increasing numbers of people documented as being unemployed and underemployed. At the same time as these things exist, one-third -- and we've heard about the WIC Program and how important it is -- of the people who are eligible for WIC, that is, the USDA supplemental feeding programs for women, infants, and children, receive WIC food support. In Paterson -- I just found the figures today -- we are a little bit above the national average. One-third is the national average; it is also the New Jersey State average. Paterson has two-thirds of the people who are eligible on WIC.

It is also documented that there are decreasing numbers of people receiving food stamps and, also, decreasing numbers of people on welfare, Aid to Families with Dependent Children, and unemployment support. There are soup kitchens springing up all over; there are food banks coming around; and, it seems as if the local administrations are caught in the same dilemma as I found the Ethiopian government in earlier this year, that is, if you provide services, food, and any kind of health support for needy people, you will gather more and more people. In Ethiopia, they were worried about having concentrations of people, which would lead to other types of problems. In Paterson, New Jersey, we are worrying about giving too much to people who are homeless or people who are in need, in that this will accumulate more and more people.

It is a problem that you really can't run away from because I think it is a dilemma that has to be addressed clearly. The most vulnerable groups in this country -- and really throughout the world -- who suffer from the effects of poor nutrition include prenatal fetuses, that is, the fetus, so we are talking about pregnant women in this case, infants in the first year of life, children -- and I'm doing this in decreasing priorities as far as I am concerned -- from ages one to five, that is, preschool, above the infancy level, and then elderly

people and those who are ill. The concentrations of people who are poor in this country -- again, we have heard about this -- are people who are living in inner-city ghettos, people who are living in migrant camps, people who are living in rural disadvantaged communities, and Native Americans.

The three things you have to keep in mind when you are worrying about the effects of undernutrition are the following: What is the degree of undernutrition, that is, what is the severity of the food insult? What is the age at the time the insult occurs? And, what is the duration of the insult? So, those three factors have to be programmed into your thinking about where to put your resources, which I am assuming are limited. The two problems which are really important are the lack of food, which can be interpreted as a lack of money, and a lack of information about the need for food.

If I had my druthers -- and I heard about the problems relating to underemployment, unemployment, and a lack of money for housing-- I think the important thing to keep in mind is that people, wherever you go, set their own priorities. The first priority is someplace to live. The second is security so they are safe and their families are safe. Next comes food; clothing is after food usually. Down the list comes health. Health is number five or six on most priority listings. There is also another group that we do not necessarily want to talk about here, but they are the people who are here illegally. They exist; they're here. Again, many of these people are unemployed or underemployed and they need help.

One of the questions posed to me was whether people have long-term chronic or temporary and cyclic episodes of hunger. I think there are two groups. I think the people who are chronically malnourished have experienced long-term and chronic undernutrition. However, I think most people are experiencing periodic hunger, and that is usually an end-of-the-month type of problem. They can go someplace for their meals, but again, these are usually in the middle of the day on weekdays, not on holidays, not in the evenings, not on weekends.

What about the barriers you encounter? Again, we have heard this afternoon -- at least I have been hearing -- the various problems

of people applying for support. It really is not easy. People attending our center in Paterson-- Not only do we have two-thirds of our people speaking Spanish preferentially -- and most of our staff are bilingual -- but we have people coming in who speak Arabic, Russian, and Italian. Very often they do not remember to bring an interpreter, and in that case we're stuck. So, one of the barriers is a linguistic barrier.

The second barrier is the cultural barrier. You cannot translate an English diet for a person who has high blood pressure or diabetes and then turn on the other side and put it in Spanish and say, "There's your diet," because they don't eat the same food. So, you really need a bilingual, bicultural type of nutrition education. That brings me to my other point, which is that nutrition education and health education are underplayed. They are underplayed in medical schools where people are trained to be practitioners; they are underplayed in nursing schools; and, they are underplayed in places where people practice. The providers, in a sense, are not reimbursed for nutrition or health education. WIC Programs are an exception to that rule, and WIC is very important.

The final thing I would like to say is that there is a relationship many of you have heard about between nutrition and undernutrition and learning and behavior. This has been described in literature for the last 10 or 15 years. It exists; it is a reality. The fact is that the earlier, the more severe, and the longer the nutritional insult, the more likely it is that a child, or a fetus if this occurs during pregnancy, will be affected from a growth and development point of view. The effect, unfortunately, is very often irreversible. By that I mean, the brain grows at a particular rate. The rate is very high during the last half of pregnancy for the fetus; it is very high in the first six months of life; it peters off, and by age two to two and a half years, the brain has reached 95% of its adult size. What that means is that if the insult we are talking about, the undernutrition, occurs-- Undernutrition is not only the amount of food and the amount of calories, but also relates to the details of how much protein is there and how many micronutrients are there, as far as

vitamins and minerals are concerned. If the insult occurs early, then there is an irreversible process. The person, unfortunately, will be hampered and will not achieve his or her full potential. I am not saying a person will remain malnourished all of his or her life, but if the insult occurs early, the effects will be felt throughout his or her life.

I would be happy to answer any questions.

MR. GROVE: Thank you. Are there any questions? (negative response)

DR. BROWN: May I ask myself a question, please?

MR. GROVE: Absolutely.

DR. BROWN: I wonder if you have any detailed data, any specifics, because I have a study in my hand which was done by the Harvard School of Public Health last year. They went around and documented some of their experiences. When the study came down, what they said was-- We're talking about Massachusetts now, but they did a statewide study. They found that 40% of the children in Massachusetts lost access to school health during this particular period, which was a two-year period. That also related to children who were cut off from school breakfast programs. Then it said, "Fourteen percent of the families in Massachusetts who were receiving food stamps have been cut from benefits; 30% of the children receiving Aid to Families with Dependent Children" -- they call it AFDC -- have been cut." As I mentioned before, two-thirds of the people who are eligible for WIC do not receive WIC in New Jersey.

I wonder if there has been any consideration given to doing any kind of a statewide gathering of data and an analysis of that data. I asked myself, but I--

MR. GROVE: (interrupting) Mary, are you shaking your head back there?

MS. HOLLIS (from audience): With the cooperation of Rutgers University, we did a study after the 1981 cutoffs of AFDC which resulted in food stamp cutoffs. I have a copy of that report I could send to you.

DR. BROWN: The type of data I was asking--

MR. JOHNSON: (interrupting) In terms of our own study -- we're working with Rutgers University right now ourselves. We will be gathering information in terms of an inventory of services here in the State. Again, we are trying to see if we can determine the extent of hunger, but there will be a lot of gathering of information. We just worked out a contract with Rutgers University and they will be working with us.

DR. BROWN: Very good. I think there is another side to it and I'm sure the people advising the directors will provide it. That is, documentation for the extent of malnutrition -- how many stunted, and that is an accepted medical term, individuals are there in the newborn period, in the infancy period, and in the preschool child period. But, that would be important information to gather, you know, the extent. In other words, look at some objective outcome evidence.

MR. AVIGLIANO: Dr. Brown, I would like to make a comment about something you said earlier and then ask you a question. I think I already know what the answer is going to be, but you indicated that the WIC Program is the one exception as far as a feeding program is concerned in this country where there is actually nutrition education attached to that particular program. I am familiar with that. The other large feeding program -- and it is much larger than the WIC Program -- is the Food Stamp Program -- the National Food Stamp Program. In this State, the amount of assistance that comes just to residents of this State, to the 21 counties, is well over a quarter of a billion dollars. There is absolutely no nutrition education attached to that program, except for token posters, at most.

In your estimation, and knowing that the vast majority of persons who are receiving food stamp assistance in this State are children, what would your recommendation be concerning nutrition education in that program?

DR. BROWN: Well, I think in a sense you have answered your own question, and I agree with your implied answer. I think nutrition education is essential for the families and for the children. There has been documentation where children have influenced the eating patterns of their families. So, it works both ways. In other words,

the children themselves are a resource. However, there is no question that there has to be some resource, some financial resource put aside for the specific purpose of educating families and, not only children, but teachers. Teachers are an important role model. Unfortunately, that doesn't always occur. There is no question that that is a missing link.

I was addressing another area and that is, in regular clinic visits, we are not compensated. We are compensated for physicians' examinations and visits. We are not compensated for health education or nutrition education. When I say compensated, I mean reimbursed. We have a sliding scale and a--

MR. AVIGLIANO: (interrupting) Whereas in the WIC Program--

DR. BROWN: (interrupting) It is part of the program. They have nutritionists who are built in.

MR. AVIGLIANO: Thank you.

MR. GROVE: Doctor, thank you very much for coming all the way from Paterson to be with us.

Folks, I feel a slight dilemma. The dilemma is, the longer we sit here and listen intently, the more difficult it becomes for us to stay intently involved with what you are saying. So, we need a break. We are running a half an hour behind, but I think we are going to compromise and take at least five minutes to stretch. I will call us back in five minutes.

(RECESS)

AFTER RECESS

MR. GROVE: I would like to reconvene the hearing, please. We are ready to begin again. I would like to remind all speakers that we are asking you to come to the microphone, give your name, spell your name, and tell us the organization you are with. You will have 10 minutes to give your testimony to the panel, and then we would like to be able to ask questions of you.

We now call Major Harold Robbins.

MAJOR HAROLD ROBBINS: I am Major Harold Robbins. I am the Senior Pastor of the Salvation Army in Asbury Park and the Coordinator of Salvation Army Services for Monmouth County.

Mr. Chairman, I would like first to express my appreciation for the opportunity of participating in this particular forum which is relative to a sickness which seems to permeate a great portion of our society, particularly that part of society I am involved with, Asbury Park. As illustrated by this gathering, the problem is not related to the hungry themselves. It is a problem that affects all of us. While some view the hungry poor as blessed, others see them as cursed. According to this position, the hungry deserve what they get. However, there are those who have concerned themselves with poverty and hunger, as well as the circumstances related to the intolerable conditions that poverty and hunger force on individuals.

It may be true that a certain element of society deserves exactly what they receive because of their unwillingness to participate in the socially accepted manners of providing a living for themselves. But, regardless of the cause of hunger, there are families for whom it is an abiding problem. Our office in Asbury Park and the office in Red Bank, plus the 12 outpost offices throughout Monmouth County, see a fairly broad spectrum of individuals who are caught in this dilemma. There are families who grew up on welfare, families who were trapped into it by sudden economic reversals of bureaucratic "Catch-22s" which seem to penalize them from going to work or observing the rules. There are families who are, nonetheless, fighting their way out. All of them seem to know what it is to run out of food as a regular, reoccurring experience in their lives.

When I talk about hunger, I don't talk about hunger in the medical sense, but rather I talk about people who are experiencing an acute shortage of food at particular reoccurring times in their lives. I have observed that it is clearly possible to know hunger if you are on public assistance. A couple of reasons for this would be: One, the shrinkage in the value of the welfare checks. Sometimes hunger results because of a poor calculation relative to the value of food stamps, which are supposed to rise with the cost of living. Yet, even when

food stamps are counted, there is no question that the poor are poorer than they were a few years ago. A recent article in The New York Times attested to the fact that those who received food stamps without interruption over the past five years have discovered that the combined value of food stamps and welfare payments declined by 8% to 9.7% in real terms, starting in the period commencing 1980. These are statistics provided by the House Ways and Means Committee.

Two, inevitably, most food stamp families live on a nutritional cycle that starts off reasonably well, and then deteriorates as the month wears on, becoming marginal, if not desperate, in the final week or 10 days, depending upon how frugal they were earlier. People visiting our office often admit that the first part of the month is a time of feasting, whereas the last part is blighted with famine with respect to the availability of good, nutritional food. I will admit to the fact that with the emergence of food kitchens and ancillary agencies such as the church involving themselves as we have, there seems to be a fair amount of food available for those who are needy. However, many of these people often find themselves being pushed from pillar to post again as they involve themselves with the bureaucratic maze in their attempt to find sufficient nutritional food to subsist. Since most people shy away from complicated and what they consider to be unnecessary procedures, they often tough it out, much to the detriment of their own physical and emotional health. One of the sad by-products of this poverty cycle as it pertains to hunger is that children are the ones who seem to suffer most.

Senator Daniel Moynihan, in lectures at Harvard University, stated that children account for an increasing proportion of all Americans living in poverty. The figure stated as of 1983 was 35%. Can we safely assume that 35% of the children are going hungry? As stated earlier, hunger is not the central problem we face. Hunger is but a symptom of the problem. The problem relates to the whole cycle of poverty itself, the demeaning encounters with the welfare system, squalid housing, lack of preparation for a changing job market, and a high level of stress, anger, or self-doubt that come with all these

burdens, and are nightly reinforced by a cascade of television commercials showing the kinds of cars Americans are supposed to drive, the kinds of kitchens Americans are supposed to have, the kinds of meals they are supposed to serve their families, and the kinds of planes they are supposed to fly in to far-off lands. However, poverty and nutrition are very much interrelated as a public nurse in Missouri suggested when asked, "How much love and affection can a 20-year-old give her fourth child when there is not enough food?"

For the information of this study, and to show an expression of our concern, last year in Monmouth County the Salvation Army expended $59,231 on direct emergency aid to individuals. This is money that was received from the public and from the United Way. In addition to that, the Salvation Army spent $113,642 on community-related programs and projects, with a great percentage of those dollars being spent in direct aid to victims of poverty and hunger in one form or another.

I would like to conclude on a bit of a positive note by saying that to some, the emergence of food banks is something to celebrate. It is a healthy private-sector initiative which redresses overdependence on public welfare programs and preserves a reasonably comprehensive social safety net. However, I do have a word of caution to such food banks. Inasmuch as those we have been dealing with seem to be providing food in institutionalized-size proportions in many instances, it is impractical for a family which does not have proper refrigeration or storage facilities. I would also express concern that a great portion of the inventory of some of these food banks is food that would be considered of little nutritional value in itself and would actually contribute to poor nutritional habits if it were provided over a long term with a great degree of consistency to those families in need.

To add just one more thought to the plight of the hungry, or those who are experiencing severe food shortages, I would point out that in Asbury Park in 1984, our food pantry supplies, which were collected during the previous Christmas, lasted us into the fall of 1984, or for a 10-month period. In 1985, having collected one-third

more in quantity than we did in 1984, we find ourselves at the end of June with our pantry empty. In view of the pressing need that seems to exist, I would like to encourage the government and private agencies to come together to work through the myriad of regulations which exist, and to cut away some of the red tape and bureaucratic maze through which people must travel, so that some of those very pressing personal problems related to hunger can be resolved in a more humane way.

Thank you, sir.

MR. GROVE: Thank you, Harold. Are there any questions from the panel? Leslie?

MS. SMITH: Has it been your experience in Asbury Park that there is any difference in food prices at the beginning, the middle, or the end of the month in supermarkets or food markets?

MAJOR ROBBINS: Regarding the people we are dealing with, when the various types of social assistance checks are readily available would seem to be the times when increases in prices would occur.

MS. SMITH: The food prices do go up?

MAJOR ROBBINS: Yes. That is the testimony we are receiving. We do not do a lot of shopping there ourselves, but when we have shopped that has been our personal experience too.

MS. SMITH: Thank you.

MR. GROVE: Dom?

MR. RITARDI: Yes. I would like to ask if it has been your experience with the recipients who get the food stamps, purchase food in grocery stores, and so forth-- Have you noticed, or have you observed that the foods they buy are more nutritious or less nutritious? Are they prone to buy prepackaged processed foods as opposed to bulk foods which they could take home and get a little more mileage out of for their money? That is question one, and question two concerns the food banks themselves. From your observations, do the government commodities which have been donated to some of the food banks in the last year or two provide a broader base for nutritional value as opposed to some of the donated foods from the commercial market? I am wondering what your observations on both of those questions might be.

MAJOR ROBBINS: Okay. Taking the second question first, I think I partially addressed this question in my testimony. I am concerned with the types of foods we receive, both from the government and from private industry. I fear that nutrition is not there. We are more concerned about putting on baby pounds than we are with improving the nutrition of the individual. If I may go on, I sometimes feel -- without being unduly critical -- that some of these food banks exist because certain industries are using the food banks as a way of easing the corporate conscience by giving away surplus foods that they couldn't do anything else with anyway. That is a personal observation.

To answer the first question with regard to the type of food people purchase, I must be honest with you. My experience with food stamps is only of two years' duration, in view of the fact that I am a Canadian citizen just appointed to the United States. I will speak from the experience of my social workers. The response they get from the various supermarket people they work with is that most people coming in and using food stamps -- and using the food vouchers we give them -- are not qualified educationally to make good nutritional choices.

MR. GROVE: Jack?

MR. JOHNSON: Harold, I want to thank you for being with us today. My understanding is that 10% of the population of Asbury Park is deinstitutionalized persons. I apologize for not hearing your entire testimony, and I don't know if you addressed that issue. I am wondering--

MAJOR ROBBINS: (interrupting) I'll give you a copy of my testimony.

MR. JOHNSON: What's that?

MAJOR ROBBINS: I'll give you a copy.

MR. JOHNSON: I'm wondering if part of your work hasn't been with deinstitutionalized persons. What is your observation as it relates to the concern of hunger for those individuals?

MAJOR ROBBINS: Yes, an increasing percentage of our work seems to be with the deinstitutionalized, particularly with those who are mentally deficient to one degree or another. Supposedly they are

in homes where they are being properly cared for and are receiving nutritional meals, yet we are witnessing more and more that these people are coming in evidently hunger. Why that is happening, you know, I cannot state. I have no statistics or information to say why. However, it is quite possible, making an assumption, that they are being short-changed, as I have heard people say. Of course, that's hearsay. It could be, as happened last week, that some of these people are going into these homes and, before the social worker is aware of the fact, are checking themselves out and going to another home. Payment has already been made to establishment "A," and now they are at establishment "B" without finances. Thus, they are not being looked after. Nevertheless, it is a matter of concern.

MS. SMITH: But in no way are you trying to suggest that all of the people who are hungry in Asbury Park are deinstitutionalized people.

MAJOR ROBBINS: No, by no stretch of the imagination. No, definitely not.

MS. SMITH: Thank you.

MR. GROVE: Are there other questions from the panel? Larry?

MR. HATTON: You mentioned earlier that the food pantry is empty at this point in time. I wonder if you could elaborate on that in terms of whether the reason is funding, the drying up of available resources, or--

MAJOR ROBBINS: (interrupting) Okay. When I mentioned the emptiness of the food pantry in this instance-- The supplies we receive for the food pantry come from two sources. The first source is the government-established warehouses which provide food, and the other source is the Rotary Club of Asbury Park, which does a canathon for us in November each year. We have an order to be picked up tomorrow from one of the food banks. We will pay for that as we normally do, but the point I was making was that over $7,000 worth of food which was donated by the Rotary Club has been used up in six months this year, as opposed to ten months last year. Now remember, that $7,000 worth of food is supplemented with several thousand dollars worth of food that we purchase from the government. I cannot give you exact figures because my social worker just took a vacation to go to Norway.

MR. GROVE: Shame on her, or him.

MAJOR ROBBINS: It is a shame, isn't it?

MR. GROVE: Are there any other questions? (negative response) Harold, thank you very much.

MAJOR ROBBINS: May I just clarify one thing? The question was asked, "Do you think the deinstitutionalized represent the hungry in Asbury Park?" I would like to make a point that probably 90% to 95% of the people we deal with in Asbury Park are people who are on some form of social assistance. They are receiving welfare, they are unemployed and are receiving unemployment checks which are not adequate, or their unemployment has run out and they have no other source of income. I do not want to slant my presentation. Okay? Thank you.

MR. GROVE: Thank you very much. Harold, there is one more question and then we will release you.

ASSEMBLYWOMAN COOPER: I didn't hear the first part of your presentation, but in giving the demographics of persons served by your agency, you didn't mention senior citizens. About how many senior citizens do you service?

MAJOR ROBBINS: The senior citizens served by us would be minimal in number. Up until a couple of years ago, the Salvation Army ran a nutritional program in Asbury Park. That nutritional program is now being run by the City because we were losing our shirts on it with regard to dollars. Most of the senior citizens who come in are referred to that program. I would say that out of 100 people we help in a week, if we help four or five senior citizens, we help a lot.

ASSEMBLYWOMAN COOPER: Thank you.

MR. GROVE: Thank you, Harold. Olive Sullivan, please.

OLIVE SULLIVAN: Good afternoon. My name is Olive Sullivan. I am the Chairperson of the New Jersey Food Stamp Advisory Council. I am going to try to keep this short.

MR. GROVE: Olive, would you please spell your name for us so we will have it correct in the record?

MS. SULLIVAN: Sure. It's Olive, as in a martini -- O-L-I-V-E -- and Sullivan as in Ed Sullivan.

MR. GROVE: You've done that before.

MS. SULLIVAN: Yes, I have. Before I speak, I would like to tell you what the Food Stamp Advisory Council is because that will give you some idea of where I am coming from. The Food Stamp Advisory Council serves the Commissioner of Human Services, and on the Council we have a representative from the Department of Human Services, several representatives from the Department of Public Welfare, several county representatives, a representative for general assistance, and some directors from various nonprofit organizations. So, we have a very varied group.

One of the problems -- and I am going to divide this up into two problems, two phases, Federal and local-- Talking about Federal problems, I understand you cannot change the Food Stamp Program because it is a Federal Program. But we ask you, since you are going to report to the Governor, to maybe make some suggestions on behalf of the Food Stamp Program, so the Governor can take a stand that New Jersey stands for certain things with regard to this Program.

One of the points that comes out at our meetings, and we usually meet every month-- When we get to the meeting, there is usually some change in the Program that has come about through some client, and a representative of one of the various agencies asks the question, why? Then we go through a repertoire from the Department of Public Welfare as to what the change is. Then various county representatives will talk about how it actually affects their counties. The bottom line is what is happening between the client and the worker.

I don't think this is really what we should be doing. We are supposed to make recommendations, but in order to get to a certain point where we can do that, we have to constantly clarify changes in the Program. One of the problems we see with the Food Stamp Program is the constant change. It doesn't work for the client, and it doesn't work for us as administrators. The clients are confused because every time they come in contact with the office there is some change in regulations. As far as the workers are concerned, the Program is very complicated to begin with, and with constant change, it is much more difficult to administer. Also, with constant change, we increase our

chances for error. The more we increase our chances for error, the higher our error rate goes. The higher our error rate goes, the more chances that we may someday have a fiscal sanction against the State of New Jersey, or any state for that matter, because we did not keep our error rate low. When that happens, we are supposed to pay $1.3 million, I believe, for each percentage point we are above the set guideline. Our option then to get out of that would be to go into a block grant system which, in fact, would cut back the Program even as it exists.

So, if we are talking about a Program that isn't covering poverty, isn't really meeting the needs as it is, when we are talking about cutting it back we can see that the problem would be even worse. One of the things we would like to see is to have the Program simplified. We have several suggestions in terms of simplifying the Program. One is for AFDC clients, clients who are receiving welfare. Piggyback the Food Stamp Program with the Welfare Program. We do that with Medicaid. If you are eligible for AFDC, you are, in fact, eligible for Medicaid. The difference between one household size and another household size in terms of the amount of the coupon allotment they are receiving each month is almost negligible because we are talking about gross income with standard deductions. Since the deductions are standard, it would seem to me that we could probably figure out a way to say, "If you have a household size of four, and if your gross income is "X" dollars, you will have a coupon allotment of such and such," and you could just put a big chart right on the wall. As it is now, we have to go through a whole elaborate complicated calculation to determine between a one-dollar and a two-dollar difference as to what the coupon allotment is. Each time we do a calculation it, again, increases our chances of an error rate.

Piggybacking the Program would make it much easier for the worker who is actually administering the Program because he or she would only have to worry about one phase; the other phase would be automatic.

We would also like to see it simplified with a NPA formula -- that is non-public assistance formula -- using that same formula. If

your household size is a certain amount and your gross income is a certain amount, you are eligible for a certain amount of coupons. Keep it simple, as far as we are concerned. The simpler it is, the less chance for error.

We would also like to see Program stabilization. The various changes I pointed out cause problems. They cause problems in training workers and, also, in maintaining workers. I happen to run an on-the-job training program for AFDC and food stamps. Every three months we have a 90-day trial period. I'll tell you, it is a problem when you set up packages to train people who are potential caseworkers, those who are actually going to be processing food stamps and AFDC, and three months later you get another group and you have to review all of the paperwork from the first group because the Program has changed. It gets to be a problem. The hours we spend changing all of the paperwork and filling out all of the forms consume administrative dollars that are not being transferred to clients in terms of real food stamps or AFDC -- real cash -- for the things that are real problems for them, buying food and finding shelter.

Another problem we see, and which in the short time I have been here has been stated again and again, is that the food stamps do not last throughout the month. It is, in fact, a supplemental program; it is not intended for someone to use their food stamps solely. The problem that has come up several times during our meetings is that the shelter costs -- not just in our county, or not even just in our State; this is generally everywhere -- are so high that a client is going to take his or her dollars and get shelter first. The money we are, in fact, budgeting on paper where we say, "This money is really for food and we are going to supplement that"-- The money for food is not there. It is going for shelter. So, a lot of our clients are, in fact, living off the supplemental food stamps we're giving them. They do not last throughout the month, and where are they? They are now going to go to a food pantry to help them to make it.

One thing I understand from one of the people on our Council is that several food pantries are giving out nutrition pamphlets as part of the package deal when people get food. Personally, I feel that

a person should not have to wait until she goes to a food pantry to get nutritional information. I think it should come either with the Food Stamp Program or, more largely, through USDA and the schools. I don't think a person should have to hit hard times to know how to go into a supermarket and buy food nutritionally well. I know several times in the past I have gone to conferences where we saw people from USDA -- home economists and nutritionists -- studying the Thrifty Food Plan. Now, the Thrifty Food Plan is the plan that the food stamp allotments are based on. USDA has several food plans; the cheapest is the Thrifty Food Plan. The home economist will hit a supermarket; she will go through and hit the sales; she will buy foods that are in season which are a little cheaper; and, she will prove that the Thrifty Food Plan works. Well, that's fine, but our clients are not home economists and generally they cannot do that. First of all, they have a problem just dealing with life's problems, let alone being able to cope with buying food nutritionally. From what I can see in the schools, they are learning about four basic food groups. Well, that's nice, but, by and large, when you go in a supermarket, there are all sorts of package deals and it would take a doctor of some sort to read what is on the back. I think I would like to see more food education going through our school systems, not just with the Food Stamp Program, because I understand the Food Stamp Program does not give nutrition information. I think everyone in the United States should be entitled to nutritional education.

I guess that sort of sums up for the Federal level. On that we can only make suggestions.

MR. GROVE: Olive, you have one minute.

MS. SULLIVAN: Oh, I'll have to talk real fast. On the local level -- when I say local, I am talking about the State of New Jersey where you would have more input -- there seems to be two basic problems. One of the problems is the emergency issuance of food stamps for clients who are in need. For example, to fit the criteria, you have to have an income of below $150.00 a month and resources of $100.00 to get emergency food stamps, or to get an authorization card. A lot of clients do not fall into that category. They may have

slightly more than $150.00 per month, but they spend it. They may spend it on a motel room in order to provide housing for their families. So, in reality, they have no money, but on paper we cannot give them emergency food stamps because on paper they do have the money. Therefore, we can do what the State terms "give them an overnight issuance." But, what do they do that night? We refer them to a food pantry so they can make ends meet that night, but obviously, from the previous speaker, not all food pantries are stocked very well. I think this is a problem that the Commission can address. Maybe we can change the regulations to make emergency food stamp issuance a little easier. Maybe we can do something to help the food pantries that are, in essence, in that particular situation, supplementing the Food Stamp Program.

Another point I want to slip in quickly is that we have a problem with banks. The banks in New Jersey transact food stamp authorization cards. If you have given an emergency ATP, or an authorization card, at 4:30 on Friday, good luck to the client who now has a piece of paper she cannot eat. That cannot be transacted until the following Monday. So now she has to hit a food pantry for an entire weekend. Then there is a bigger problem. Personally -- and maybe I am talking out of line -- I question when we have a problem this big, not just in this county, but in every county, why the banks are not transacting full-time -- why banks that are State depositories of funds, and county depositories of funds, can't sit down and decide, "We are going to transact food stamp coupon allotments Tuesdays through Thursdays; we are going to do it two hours each day." I just find it so hard to believe that the banks are using our money, but when it comes time for them to help us, they can't do it because they do not want the clients in their banks on Mondays and Fridays when the regular depositors are there. We have a few banks which transact Mondays through Fridays; they have contracts in different counties. But, in the long run, why don't they all?

MR. GROVE: Olive, that's it.

MS. SULLIVAN: Okay.

MR. GROVE: Are there any questions? Jack?

MR. JOHNSON: I have noticed in my own local bank that they have a special window for food stamps and, again, at special defined times. Is that true of most banks? I am also curious-- I assume the banks are being paid money to administer the Program. Do you folks have a handle on that? Are they making dollars on it? If, in fact, other customers of the bank are treated in such a way, in terms of being discriminated against as it relates to a particular window or a particular time, would they not voice some concerns?

MS. SULLIVAN: The answer is, if you are a regular customer, obviously if you go in you will voice some concerns. Clients call the agencies to complain about some of the treatment they get in the banks. Banks get paid to transact, and according to a State calculation they get anywhere from 50 cents to $1.50. That is on a contract; it has to do with the number of hours they are open. So, they can get up to $1.50 to transact.

MR. JOHNSON: Per person?

MS. SULLIVAN: Per transaction. Every time one of those checklike authorization cards goes through a window and they, in turn, give the client the coupons, that is $1.50.

MR. GROVE: Dom?

MR. RITARDI: Olive, I would like to get your reaction to the idea of the government perhaps giving not only food stamps, but supplementing food stamps with actual food stuffs that may be well-balanced nutritionally and so forth. Have you ever thought about that idea?

MS. SULLIVAN: I think it was about three or four years ago when the first commodities came through. I think it was cheese.

MR. RITARDI: It was three years ago.

MS. SULLIVAN: Three years? Gee, it seems longer than that; I'm getting old.

MR. RITARDI: I know how you feel.

MS. SULLIVAN: I know in Orange, because I work for the Monmouth County Board of Social Services, we did, in fact, give out cheese right at the agency because it was very easy. People were coming into the food stamp office anyway. We knew those who were

needy. They had I.D. cards and it was very easy to deal with. However, when the paperwork came through, there was the question of using the agency building: "You're using this amount of space. It's costing us such and such." So now there are nonprofit organizations handling it because then it doesn't cost the government anything to distribute. But in terms of reaching the clients, I think when the agency distributed it we did a good job.

MR. RITARDI: Then you think that actually giving food stuffs that may be nutritionally balanced would be a good approach?

MS. SULLIVAN: Absolutely, particularly with senior citizens because I know from my outreach days that a lot of senior citizens are not reached. When it comes to going to a food stamp office in order to get cheese, or to get butter, they are already there; they have already asked for a ride. Chances are they will spend a few moments and fill out a food stamp application. If it is to go to the office just to fill out the application, no, because they tell their friends they went there for the cheese. They don't have to say they went there for the food stamps.

MS. MOSKOWITZ: Olive, can you tell me if, in your opinion, these offices have the proper facilities in the way of refrigeration or good dry storage areas to hold the food that would be provided?

MS. SULLIVAN: The answer to that is no. They don't have refrigeration. Also, they don't have a lot of space because the agencies were not planned for that type of distribution. However, if they became part of a regular commodity distribution, the offices could be rearranged and space could be provided. I also understand that they pick it up the night before anyway for distribution, so there shouldn't be too much of a problem.

MR. GROVE: Leslie?

MS. SMITH: On manual issuance, rumor has it that there is a disparity from county to county as to how many manual issuances of ATPs each county office can do. Is there any edict from on high saying there is a certain number that can be done or can't be done, or is it at the discretion of each county office?

MS. SULLIVAN: It's a combination of both. It is at the discretion of the county office, but if you transact too many manuals or you give out too many manuals, a representative of the State will come in to look at your books to find out why. There are several reasons why you can give out a manual authorization card, and if it isn't one of the four reasons, you can't do it. I know in Monmouth County one time we gave out 30 of them, and we were immediately reprimanded. I just received the information that we are averaging, from the beginning of the year, three manual ATPs per month. That is not many.

MS. SMITH: Can you clarify what the four reasons are?

MS. SULLIVAN: One is expedited processing because of a holdup in the paperwork. Another one is if a person meets the guidelines in order to receive it. Oh, gee, it's been a while. Pam, what are the other two? (Ms. Sullivan consults with colleague in audience.) The other two are processing errors and State requests. I did remember there were four. With a processing error, you still have a certain time frame in which to get it. If there was an error or if something was wrong with the computer, if the computer was down, you have to give the client the ATP.

MS. SMITH: But, if an emergency AFDC grant is given out, would that automatically mean a manual issuance of an ATP?

MS. SULLIVAN: Actually, if you give an emergency AFDC check, since it is probably going to be over $150.00, it would automatically mean they would not get a manual ATP.

MS. SMITH: Okay, thank you.

MR. GROVE: Thank you very much. We appreciate your being with us.

MS. SULLIVAN: You're quite welcome.

MR. GROVE: I would now like to call Dr. Lena Edwards, please. Dr. Edwards, we're asking everyone who testifies to give their name, spell their name for us, and then tell us where they work or who they work for. Then you will have 10 minutes to give us your testimony and we would like to have an opportunity to ask questions.

DR. LENA EDWARDS: All right. My name is Lena Edwards. I have been a physician for 61 years. I am retired, but I am running around more than I did when I had patients.

I suggested that you shouldn't put me on the program because I think the government has messed up all of these programs that are being dished out, whether for housing, whether for food, or whether for medical care. People have to go through too many conflicting channels to get service. Outreach is a name, but it doesn't really reach many of the people who need care and who need the things we are supposed to be giving out.

I have heard the last three witnesses, and they, too, feel that nothing is unified. This one is doing this and that one is doing that, and as a result many of the people who are really in need are not being taken care of.

So far as experience is concerned, I have a quirk about schooling, education, and learning. We need to educate people so that we do not get in fixes such as we are in in this country, which are ridiculous. If you teach people how to get food, what foods are nutritious foods, and what they are allowed to have, you do not have to have hunger. What really happens is, somebody -- excuse the slang expression -- dishes out something hoping it will work without any indication of the values of the products we are dealing with. Hunger and nutrition are one word as far as I am concerned. If you have the proper nutrition, you're not hungry. But, people are not taught what they should know about nutrition.

Now, you probably wonder how I got involved. I visit senior citizen centers that receive food. I walk around shopping centers and I stop to speak to people. I ask them, "How do you manage such and such a thing?" I get my knowledge, I have a way of saying, from the street, but, of course, I have a lot of knowledge from books. What you get from books is not touching people who are really needy. As a physician, I say this with authority. A high percentage of homeless and needy people need group therapy because they are not well. Many of them are derelicts because they are alcoholics or because they are on drugs, and we do very little about what causes these situations. One

group is busy doing this and another group is busy doing that, and you still have these people.

Now, getting back to my specialty, I am a product of the Margaret Hague Hospital. One of my hobbies is teen-age pregnancies. Speaking of hunger, we are not thinking in terms of how you have to address it when you are talking to a woman who is pregnant, especially a teen-age woman. They need to be taught about nutrition. We should not just throw money at them because they will buy soda pop and potato chips. They need to be told what has to be done for the welfare of the baby they are carrying. The extremely high percentage of still births and abnormal children from birth to five years of age is because of poor nutrition. This not only applies to teen-agers; some of the old-timers don't pay attention to what they should because they want this instead of that. You can't talk about hunger without talking about nutrition. Nutrition is education. To take care of it, you have to know what to eat and how you have to have it.

Walk behind people with food stamps in a supermarket and look in their baskets. You'll find potato chips; you'll find all kinds of junk foods that they see on television. You'll see children pulling things off shelves and putting them in their mothers' baskets. The children storm if they are not allowed to have them. Education, training, and a knowledge of nutrition are necessary, plus coordination between the various sources from which you can get food, the proper food to avoid hunger and to avoid people losing their babies at six months pregnant or seven months pregnant. There are children three or four years old who still have to go to a hospital every week for care. Someone mentioned the size of the brain as it goes along. These children have brain damage; they just never get well.

I am not going to take up anymore of your time because you have gotten some good statistics here. I have read some statistics too, but the thing that bothers me about the whole damn business of this country is the lack of coordination. You have one group doing this and another group doing that, and they don't get together and pool their interests for the person who is poor, stupid, or sick.

MR. GROVE: Thank you, Lena. Are there any questions from the panel?

SENATOR FELDMAN: That is the purpose of our Commission, because we do agree with you. There is too much duplication. We want to know why, with so many agencies in New Jersey, are there still so many people suffering from malnutrition and a lack of food.

DR. EDWARDS: There is no coordination among your agencies.

SENATOR FELDMAN: You're right.

DR. EDWARDS: I have a very dirty way of saying things about this country because I go all over to speak. I have a big mouth, and I say what I believe. There are three types of people in our country as I see it today, and I am 85 years old. I have been in the public eye ever since I was 17. You have the rich bitches, who are the people of the big organizations that are now controlling our farm products, every daggone product we have. They don't even have to pay income tax on them. Then you have the overseers of the poor who sometimes have not had the proper education to be the overseers of the poor. Sometimes you have as many people in the office of the overseers of the poor as you have people who are poor coming in. Then you have the poor and the hungry who we do not reach. That's that.

MR. GROVE: Are there any other comments or questions?

ASSEMBLYWOMAN COOPER: She said it all. (laughter)

MR. GROVE: Lena, you're wonderful. Thank you very much.

DR. EDWARDS: I tell it like it is. I just received a tape I made about four months ago, and they named it "Tell it like it is." That is my middle name. I don't miss a thing. I say what I see and what I think, whereas most people are afraid of hurting someone's feelings. The people whose feelings are hurt are the ones who need it.

MR. GROVE: Thank you very much. Dr. Rosilyn Ryals, please.

DR. ROSILYN RYALS: My name is Rosilyn Ryals. I am the Director of Outpatient Pediatrics at Children's Hospital in Newark.

Newark is considered perhaps one of the poorest cities in the United States. It has a population of 100,000 or more. Poor people, in addition to not having appropriate access to health care, do not have appropriate access to proper nutrition. In addition to the financial barriers we see -- some of the things that have already been mentioned by previous speakers -- low-income mothers will frequently

exhibit poor food buying techniques, that is, choosing brand name products which might be much more expensive or selecting inappropriate or nonnutritious foods. Lack of information concerning appropriate nutrition is a major problem as well. Without appropriate nutrition information, a person cannot make appropriate choices. he also suffers from a lack of information concerning resource availability, what sources there are, or what options there are. There is also an element of resistance to change that is demonstrated. These all represent barriers.

Our hospital received grant moneys from the State Department of Health in November, 1983, to expand our continuity services. These are longitudinal, comprehensive, ongoing services for children. We particularly targeted low-income children. Since November, 1983, we have picked up about 3,200 children in that program. Of that number, about 40% have been identified as high risk. Of that number, 50% are at high risk because of nutritional problems.

Our continuity program has 900 children under five years of age. About 64% of these children are currently enrolled for WIC services. Our children -- I won't go into specific detail -- are actually qualified for WIC under the top five categories. About 65% of the number on WIC qualify under the top five categories, which means they are considered at great risk.

Now, I would like to give you an example of a patient we have seen to sort of express some of the problems that have no business happening today, particularly in a so-called developed country. Mary M. is a two-year-old Hispanic female who came to Children's hospital for the first time in early May, 1983. She was brought to the Emergency Room because of a cold and because she was pulling at her ears. Upon examination, the pediatric resident noted that Mary was very pale and had a heart murmur. In addition, it was subsequently found that Mary had a hemoglobin or a blood count of two grams percent, when the normal blood count for a child of that age would be between 10 and 11. Mary had severe iron deficiency anemia, and her heart murmur was a result of the heart working overtime to push that little bit of blood around.

Mary had to be admitted to the hospital and slowly transfused over a 48-hour period until she had a hemoglobin that was approximately eight grams percent. After that point, she could be given oral therapy with iron in an attempt to bring her hemoglobin up to the level it should have been. In getting additional history from Mary's mother during the child's hospitalization, it was found that Mary was on a diet of more than a gallon of whole milk a day, and she was eating very little else. During the hospitalization, the opportunity was there to provide some education concerning a wide range of things for Mary. We told her mother to give her a complement of cereals, vegetables, meats, and fruits in her diet, and her milk intake should be reduced to an appropriate level, approximately one pint a day, no more than that.

As we followed her over a two-year period in the continuity clinic -- Mary had been certified for WIC during her hospitalization -- we found that she might arrive for a late morning appointment at the clinic about 11 o'clock having partially consumed a bag of potato chips or a piece of candy, which was the sole food she had taken in for that day. I think this points out the dramatic need to provide ongoing counseling and education, and to do so intensively. Frequently we find that, although we may try to make ourselves feel comfortable that we provide a service, without the appropriate education, information, and follow-through-- We found out two years after the fact that this child had a very dramatic presentation; she still had very poor nutritional habits.

Most cases of iron deficiency anemia are certainly not as dramatic as the one I just told you about, but I think the tragic thing is that we cannot afford to be disinterested in what happens to children with iron deficiency anemia. In a study published in the Journal of Public Health a few years ago, they looked at the WIC Program and they looked at matched up pairs of siblings. One sibling who was certified for WIC actually started with the high protein food supplements right after birth. The other sibling entered the Program after one year of age. They found that the kids who entered early were far superior in terms of IQ measurements, attention spans, school grade point averages, and a number of other parameters. It is very clear that there is a need to do something about improving nutrition.

My suggestions are pretty much suggestions that I'm sure you have heard before, but I think primarily there is a large number of patients we are still seeing who do not know what resources are available. Interestingly enough, there are still people out there who do not know. There must be ways to target these people, particularly the high risk children and pregnant mothers, especially if we believe the expression "the child is father to the man."

Ways to reduce financial and other barriers to better nutrition should be sought, along with ways to promote community awareness, ways to provide continuing ongoing education concerning nutrition, ways to do clinical research that may improve some of the things we currently know, and ways to coordinate nutritional services that minimize duplication and promote cost effectiveness.

MR. GROVE: Thank you very much. Are there any questions from the panel? Diana?

MS. BELLA: You mentioned that the child was pale, so you looked into her diet, took a blood count, and so forth. How common would it be for you to take sort of a dietary recall on the children who come to the hospital?

DR. RYALS: Well, in the continuity clinic, that tends to be a very regular occurrence. We have nutritionists available there. I think the unfortunate thing-- There are several things I might mention: One, within the experience, let's say, of a health care setting, the person with the most information tends to be the nutritionist. Most people feel that physicians have a major amount of information about nutrition, but I think in medical education there is a lot of that that is lacking. The patient comes in, and we have nurse practitioners who have also been trained and provided with information. We try to provide lectures to our house staff and to any providers of health care. So, patients are assessed by a number of people when they come into the system. Those felt to be at higher risk-- There are routine screenings we do, and among those is included a hemoglobin test. Lead screenings are done. Lead information also gives you indirect information concerning iron deficiency anemia. One of the values that goes with that is what they call the erythrocyte

phorferin level. If that, indeed, is elevated and the lead is normal, it may even be someone with iron deficiency anemia. That may be the reason. So, there are a number of ways we pick people up.

Dietary information is important. We have a small play area from which patients are called to be seen. Frequently you will find people doing very dangerous things, such as giving peanuts to small children, very small toddlers, who may be at risk to aspirate them. Frequently we see just what the general nutrition is. Our staff may sometimes have to order trays for kids they are seeing in the afternoon, who have not eaten for the entire day.

MR. RITARDI: Doctor, I have a question. Is the bulk or the majority of the children you find in this state preschool, school children, or is it a mix?

DR. RYALS: We find it is really a combination. I have not looked at the number of patients we have in the continuity clinic completely statistically, but a large number of the patients we see certainly have siblings who are also involved. So, the mothers may frequently be mothers whose resources are considerably stretched and who by mid-month may not have sufficient food. If these kids are not involved in school programs or if there is not supplemental food from another source, they may find themselves without. Sometimes our social workers also have to become involved in terms of locating food.

MR. GROVE: Are there any other questions? Larry?

MR. HATTON: Yes. There was a question raised from the audience regarding the relationship between lead poisoning and nutrition. I wonder if you could comment on that. I'm not quite sure what the question was, but--

DR. RYALS: (interrupting) Okay. The main thing is the category of children who eat paint chips, or whatever it is in terms of getting themselves lead poisoned. These are kids who probably also have a propensity for eating abnormal things. These are kids who we may identify because they have come in having swallowed an earring, or a kid, for example, who comes in because he has stuck a corn kernel up his nose. Since these children are putting things into abnormal orifices, they may as well be eating lead. That is the kind of child we would most certainly screen.

There are things in terms of the hemoglobin and the body's ability to carry oxygen which are important in terms of the hemoglobin being there. The enzyme that allows hemoglobin to be formed is directly interfered with by lead. That provides another problem.

MR. GROVE: Thank you very much, Doctor. I would like to call Dr. John Alexander, please. Gloria Gibson, you will be next.

DR. JOHN ALEXANDER: Good afternoon, my name is John Alexander. I have been practicing medicine for 40 years. Besides my private pediatric practice in Newark, I am the Associate Medical Director at Children's Hospital of New Jersey and the Director of the Division of Pediatric Ambulatory Services at the New Jersey Medical School. My private practice of pediatrics in Newark is made up of 80% Medicaid children and 20% patients who are self-pay.

Hunger is a real problem when faced by a substantial number of school-age patients daily. Relief of hunger is achieved unconsciously through a variety of techniques, the most common being to suppress hunger with junk foods such as potato chips, French fries, soda, and candy. Most children in my practice over the age of eight years leave home without breakfast, not because food is unavailable, but because breakfast is not appealing to them. Since cereal and milk are the most widely advertised breakfast foods, black children who have a high incidence of lactase deficiency do not find cereal and milk appealing to them. These school children who leave home without breakfast may or may not buy junk food on the way to school, depending on whether or not they have money. Most of them eat their first meal of the day in school, if the school has a lunch program. After school, they get their next meal around 6:00 p.m. This usually consists of meat and a starch. This is usually a hamburger or hot dogs with French fries and a soda. The next meal will be at noon the next day, which is 16 to 18 hours later.

Now, I know that if I go 16 to 18 hours without anything to eat I feel hungry, and I am certain these children feel hungry also. Many of these children are obese, so they appear to be overfed, whereas they are actually malnourished, as demonstrated by the high percentage of iron deficiency anemia and stunted growth in this population. These

children survive on high caloric junk foods, primarily carbohydrates. When I question patients and parents in my practice about diet, I find that the youngest children, up to approximately one year of age, usually get a well-balanced diet because of the WIC Program. There has been a substantial improvement in the feeding practices of poor infants since the inception of the WIC Program as a direct result of the nutritional education provided in that Program. When I practiced 15 or 20 years ago, the example that Dr. Ryals gave you of the child who had milk as his only source of food was very common. We saw many, many children with very severe anemia because the only food they received was milk. You don't see that now, and you never see it in the families who are recipients of the WIC Program.

One other program which is also very, very helpful to many of my patients is the MIC Program -- the Maternal, Infant, Child Program. That Program also has a nutritional education component. These children do very well during the first year or two of life. I want to mention that only 69,000 women, infants, and children were enrolled in the WIC Program in New Jersey in 1983. That is only 46% of those who are eligible. Once these children reach the age of a year and a half to two years, their dietary habits begin to change in response to TV advertising. The three most popular foods in the preschool age group are French fries, hamburgers, and Kool-Aid. Every child who is two years of age, or three years of age, who comes into my office -- which is down the street from one of the fast food emporiums -- tells his mother, "Now I want some fries," or "Now I want a hamburger," or whatever it is that that emporium happens to sell.

Breakfast, which had been cereal, bacon, eggs, or grits, gradually disappears by the time they reach school age. There is no TV advertising promoting good nutrition. Each industry promotes its own products. A well-balanced, nutritionally sound diet has no sponsor anywhere in this country.

Since most of my patients are on WIC, Medicaid, and Food Stamp Programs, food is usually available in the home. Those mothers who are good planners and good organizers buy their month's supply of food when they get their check in the first week of the month. Except

for milk and bread, they make it through the entire month, particularly those who have a freezer where they can store the food for the entire month. Now, those who do not have refrigeration, and certainly do not have a freezer, are out of luck by the time the fifteenth of the month arrives.

I find, when questioning mothers about their feeding practices, that they tend to do without themselves toward the end of the month, rather than see their children go hungry. But, there is always a shortage of food at the end of the month, and all of the parents that I question who are on the various programs always say that toward the end of the month, they don't have milk, they don't have bread, and they don't have money. I ask them how they make out, and those who have a support system, the children who have grandparents around, or where they have good friends, can borrow money or they can borrow food stuffs.

During this period, school-age children get their main meal in school and have soup and a sandwich or something simple for supper at night. Again, hunger is suppressed by Kool-Aid, by soda, and by other kinds of junk foods. You see children going to school sharing one little bag of potato chips. Where one child doesn't have any money, his friend will have enough to buy a bag of potato chips and they share it as they go to school.

Many of my parents have never received any of the surplus foods you have heard about today because they are unaware of the time and the place at which those foods are given away. We say they are supposed to know where the sales are in the supermarkets. Well, if you don't buy a paper, or if you c 't read, how are you going to know where the sales are in the supermarkets? How are you going to know where the foods are being given away? The parents who have benefited from the surplus food programs are usually members of a church or an organization that is responsible for the distribution. I questioned, for the benefit of this presentation today, 100 consecutive children on hunger in my office over the last couple of weeks. Ten out of that 100 admitted being hungry on a regular basis, that is, at least once every week, and usually several times during the week. The remainder denied

being hungry at all, even though they experienced 18 hours without the ingestion of food where there were no meals. They went to school in the morning with no breakfast. If they had a lunch program they ate lunch in school, and they would get some supper at home. Then they would go from six o'clock in the evening until twelve o'clock the next day before they had anything to eat. Yet, they denied that they were hungry.

On weekends there were varying problems. Some of the children ate better on weekends than they ate during the week because the mother would cook them pancakes and they would get syrup, but it was still high caloric, sugar-laden foods they got over the weekend. Their diet of popcorn and candy, of course, persisted, and if it was good weather like this, they would play basketball all day, with only a can of soda. Then when they got home at night they would have whatever was available, something that was either prepared by their parents or left in the refrigerator.

MR. GROVE: Dr. Alexander?

DR. ALEXANDER: Yes.

MR. GROVE: You have one minute, please.

DR. ALEXANDER: Okay. I have a couple of recommendations to make. They are similar to some of the others you've heard. You need to develop a nutritional education program to begin in preschool and extend to the early school years when poor eating habits become established. Secondly, there is a major need to increase the percentage of eligible families who receive WIC and food stamps. Finally, there needs to be coordination between the various programs so that recipients receive benefits at different times of the month. For example, Social Security checks and welfare checks could be sent out in the first part of the month, food stamps during the second week of the month, and supplementary food programs during the third week of the month, so that people who did not have storage facilities could manage for the entire month. If this could be done, the families without freezers could shop for food several times during the month, rather than all at one time.

To summarize, this would be a very cost efficient way to resolve the many social problems we are confronted with now. Children who go to school hungry and underfed, with poor nutrition, do poorly in school. They are school failures; they become unemployed or underemployed; they become dropouts; and, they become serious social problems. In my office I see third-generation welfare recipients. The grandmother was on welfare, the mother is on welfare, the newborn child is on welfare, and there is no hope of escaping from this vicious cycle they find themselves in. If we could educate these children, if we could send them to school so they could receive the information available in school, I think they would do much better, and I think the cost of social problems in this country would be vastly reduced.

MR. GROVE: Thank you very much. Are there any questions from the panel? Yes, Paul.

REV. STAGG: Doctor, I very much appreciate your recommendations and your concluding remarks. I am concerned about the way in which your testimony seemed to focus on the problem of children rooted in poor dietary habits, using junk food, etc. Are you weighting it more on that side than on the side of parents having the funds, the money to buy food? I am sure education is an important aspect of this, but your testimony seemed to say that if the parents used their money wisely, they could have proper diets. Would you please speak to that?

DR. ALEXANDER: Yes, I would be happy to speak to that. I noted that in those programs where there was education for the parent -- in the WIC Program, in the MIC Program -- where people were taught how to purchase food and what foods were better, they changed their habits. I have been in practice for a long time, and poor people are like everyone else. They want their children to achieve in life. They would do anything they could to help them to improve their lives. So, if we could help the parents who are recipients of food stamps and recipients of welfare to understand how to manage their money and what good nutrition is, I think we could go a long way toward resolving the problem.

I don't believe it is just a lack of money. I think some parents do very, very well with the money that is allocated to their

families. But, as has been pointed out before, the bureaucracy tends to defeat most of the less sophisticated among this group, where they have to go to three or four different agencies, where they have to go to three or four different places, where they have five kids and they have to drag all of them on the bus in order to go to get some cheese. It defeats the purpose of the program.

MR. GROVE: Leslie?

MS. SMITH: It was mentioned before that the Food Stamp Program is based on the Thrifty Food Plan. In reading about that, it said that in order for the Thrifty food plan to work, there had to be a minimum amount of preparation time for food, two and a half to three hours a day for buying foods and preparing them in a way whereby they would last and they would be nutritious.

Have you seen in your years of dealing with families that single heads of households have come to be the prime parents, and because of women trying to work, there is a lack of time to prepare foods, which causes this kind of haphazard way of food being dispensed to kids? There just isn't time to prepare the proper foods or to shop for the proper foods.

DR. ALEXANDER: If you are a single parent and you have to take care of your kids at home, and you have to go to work, you certainly do not have the time to go from supermarket to supermarket. Also, if you don't have a car, you go to the nearest place in the neighborhood, and in neighborhood stores prices are always much higher than in supermarkets. Then if you have to bring the food home after you finish work, and it is going to take you two or three hours to prepare it, the kids are not going to hold still while you are in the kitchen for two or three hours. If any of you have kids, you know that if there is no one supervising them and they are hungry, and it is going to take you two or three hours to fix the food, you're going to have hell on your hands.

MR. JOHNSON: Doctor, the other thing that intrigued me was, you mentioned newspapers and perhaps not even having them in the home to read to become aware of sales. Living in a suburban community, I receive all kinds of newspapers in the mail from the food markets. I

wonder if you have an observation about whether or not urban areas receive similar kinds of mailings from Foodtown, Shop Rite, and what have you.

DR. ALEXANDER: They might get sent out, but if you have ever visited some of these hovels in which people have to live, there may not even be a mailbox available to receive mail. On the first of the month when the welfare checks arrive, people stand on the front steps to be sure they get their checks when the mailman brings them. This is the only guarantee that I know of where people receive anything they are supposed to receive in the mail. You know, when you live in an apartment building where every tenant has his own locked mailbox, that is one thing. But go into some of the multiple family units and visit those mailboxes. There is not one that has a door left on it. So, I really don't know whether any of these things that I get, and you get at home, ever arrive at these people's -- wherever their mail goes. I know they never depend on their checks going into anything other than their own hands. So I'm pretty sure that mail delivery is not something that is very dependable.

MR. GROVE: We thank you, Doctor. We appreciate your being here. Gloria Gibson, please. And, is Gloria Johannemann here? (affirmative response) Gloria, you're on deck next. Ms. Gibson, will you please give us your name, spell your name, and tell us what organization you are with? You have 10 minutes to give us your testimony, and we would then like to have an opportunity to talk with you about it.

GLORIA GIBSON: My name is Gloria Gibson, and I am Director of the Food Service Program for the Trenton Public Schools. Thank you for this opportunity to express my school lunch views with such a distinguished group.

The nation's school lunch programs are in serious financial trouble, and the true purpose of the programs is being distorted and destroyed. Let us turn the clock back to pre-1946 and look at the facts that led to the birth of the National School Lunch Act, a nutrition and health program for all children. The serious effects of undernutrition on physical growth and development have been recognized

and studied for many years. There is also a realization that undernutrition in early childhood affects brain development and functions more severely and long-lastingly than the more readily observable effects of malnutrition on physical growth. An individual's strength and health are so basic to all other accomplishments he may make in life that no educational aim is of more importance than protecting and maintaining a pupil's health while he is in the formative years.

The broad concept of an educational program committed to the principle of educating the whole child brought about many new services. One of these services was the National School Lunch Program. This Program was primarily concerned with the promotion of health, and one of the most important factors is diet. If the body's nutritional needs are met and used in early adulthood, a person may normally expect to have good health, vitality and energy, mature at the proper time, withstand the stresses of his environment, fulfill his biological role in life, and withstand the hazards of aging.

To operate a lunch program under the auspices of the National School Lunch Program, a school system must agree to provide a lunch that consists of a specified combination of high quality appetizing foods that supply a minimum of one-third of a child's daily recommended dietary meals. Each lunch must contain at least 1/2 pint of milk, whole, low-fat, skimmed, or buttermilk, one to two slices of enriched bread, three-quarters of a cup of fruit or vegetable from two sources, and two ounces of protein food -- meat, fish, eggs, and so forth. In addition, you must provide lunches free or at a reduced price to all children who for financial reasons are unable to pay the full cost of the lunches.

But just to conduct a lunch program is not enough. Ladies and gentlemen, we are what we eat, and we are not a well-nourished nation. In this great land of ours, the richest, most powerful country in the world, research teams have discovered millions of Americans are suffering from hunger and malnutrition. Adequate income does not address the problem. People must be educated in choosing the proper foods. All of us, poor and non-poor alike, must be reminded that a

proper diet is the basic ingredient to good health. The lack of basic information as to what foods are needed for good health can, and does, occur to a significant extent in all segments and at all socioeconomic levels of our population.

The 1980s have brought about a new meaning of what food can do to improve or jeopardize good health. They have precipitated a revolution in America's eating habits. School lunch personnel must not only continue, but must increase their efforts to make the nation's youth aware of the lasting benefits of good health. We cannot afford to lose the school lunch program's established reputation as a nutrition program for all students. National evaluation studies of school lunch nutrition programs have shown that participation in school lunch programs improves the nutritious intake of school children. It is clearly shown that one of the primary goals of the National School Lunch Act is being fulfilled, to safeguard the health and well-being of the nation's children by providing them with nutritious food. Remember my friends, food is to health what reading is to education. A poorly nourished child cannot learn.

In Trenton, we feed 65% of our total school population, approximately 9,000 complete meals daily. We have made great strides in teaching our children what to eat and why. Our program provides a laboratory for sound nutritional experiences. Our students have developed a liking for a wide variety of foods. They are acquiring desirable food habits and learning the importance of food in the development of good health. The State figures are less impressive. There are 592 public school districts in New Jersey; 74 have fewer than 5% needy and elect not to participate in this program. Five hundred thousand meals are served daily in New Jersey. Of that number, 50% are free or at a reduced price. State public school enrollment is 978,816. Approximately 22-1/2% are eligible for a free lunch, while only 4% are eligible for reduced price meals. The majority of our New Jersey students fall into the paid lunch category. If we are to fulfill the program goals, we must find ways to attract this large segment of our population.

Hopefully, I have established in your minds the lasting benefits students derive from the school lunch program. If we could remove the stigma of the school lunch program being a welfare program designed to feed the poor, I feel that our participation would soar. In addition, and most importantly, we must keep the price of lunches down so that parents can afford to have their children participate. The proposed cuts that call for the elimination of cash and commodity support for all children who do not fall in the free or reduced price category would lower the Federal subsidy for these students by 24 cents per meal. This would be for approximately half of all of the lunches served nationwide and would jeopardize the very existence of the National School Lunch Program. To even consider such a move indicates a complete lack of understanding as to how the program operates at the local level, how the funds are used, and the difference between the school lunch program and the welfare program.

The so-called high income subsidy is not a transfer payment to individuals, but is a grant in aid to schools to help to pay fixed charges that are part of the ongoing costs of all food service programs. Without this support, many schools will be forced to raise the price of their lunches substantially. You can expect a 1% decline in participation for each cent increase in the price of a meal. While other school districts simply will not be able to afford to participate in the school lunch program, think of the number of children who will be denied the benefits of participation.

To improve the school lunch program and increase participation, first we need to improve the image of the program throughout all of our campaign geared to make the public fully aware of the program's goals to improve the nutritional status of all of the nation's boys and girls. Secondly, we have to fight for sufficient moneys to pay the full cost of operating a quality lunch program for all of America's youth. Thank you.

MR. GROVE: Thank you very much. Are there any questions for Gloria? Ruth?

MS. MOSKOWITZ: On behalf of the Commission, I want to thank you for your excellent presentation. I think it will give the

Commissioners a greater understanding of the School Food Service Program.

I have two questions, Gloria. I don't want to put you on the spot, but do you have a breakfast program?

MS. GIBSON: We have a breakfast program only in our severely handicapped schools.

MS. MOSKOWITZ: Would you tell us why you don't have a breakfast program for the full school district?

MS. GIBSON: In our district, we have certain regulations we must follow that are set by the various unions. So, we cannot ask teachers to come in to supervise the program without paying them. There is not sufficient money. In order to conduct a breakfast program, we must open the schools before the regular day begins. Our schools are old; they are not designed to have an area where the children can come in, can be locked in a room, and can be served their breakfast. In order for them to get to these lunch rooms -- many are in the basement or on the third floor because they are very old buildings -- they have to go through the entire building. Of course, I don't have to tell you about the vandalism and the destruction that goes on in the schools. We have no funds to have people on duty to make certain that the children go into the lunch room and eat their breakfast, and then maintain them in that room until the regular school day begins.

MS. MOSKOWITZ: So, here is a needy school district which, with proper funds, you might be able to--

MS. GIBSON: (interrupting) We would certainly be very happy to-- Most of our principals are definitely in favor of the children having breakfast in school because many, many of our children only look forward to the lunch program as their main meal of the day. Many of them come to school with nothing in their stomachs.

MS. MOSKOWITZ: Now, for the benefit of our Commission too, I note that you have a central commissary and a centralized food service operation. Do you see any possibility of serving the nutritional needs of the community through such a school district?

MS. GIBSON: Yes. At the present time, with our central commissary, we not only serve the childen of Trenton, but we do all the head start centers and all the facilities for handicapped and disturbed children located in buildings other than our regular school buildings. We service these children every day and we are open to serving anyone who has a need. The only reason we have not extended our program further is because at this time we only serve people with needs that can be taken care of during our regular school calendar. If a person requires weekend meals, we have no one on duty to fix them. With the union regulations and the high cost of opening buildings, at the present time this is prohibited.

MS. MOSKOWITZ: Thank you.

MR. GROVE: Dom?

MR. RITARDI: Gloria, I would like to ask you a question. You mentioned the quality of the school lunch itself. With the various budget restraints and the operating deficiencies they cause, have you noticed that the quality of the food or the quality of the meals has declined due, to some extent, to the advent of school boards or school districts going more and more into catering services? When doing that, is the cost effectiveness of the particular caterer more important than the nutritional quality of the food? In your opinion, is a child better served by school board kitchens, such as the way yours is set up, or do you feel that in other cases the children might be better served by private catering outfits in order to get the most for the dollar? What has been your experience, or how do you feel about that?

MS. GIBSON: If you are looking to service the children, then you cannot consider a food service company. The companies are in business to make money, and the children are shortchanged as a result.

MR. GROVE: Thank you very much. We appreciate your coming. Now we have another Gloria, Gloria Johannemann.

GLORIA JOHANNEMANN: I don't know if you can see this.

MR. GROVE: Bring it up and show us.

MS. JOHANNEMANN: Okay. This is a map of Monmouth County. We have here the areas we serve with home-delivered and congregate meals.

MR. GROVE: All right. Let's start from the beginning with your name and who you represent, so we will know what you are talking about. You're on.

MS. JOHANNEMANN: Okay, I'm Gloria Johannemann, Program Director for the Monmouth County Nutrition Program. We are coordinated with the Meals on Wheels Program. The target population that the Monmouth County Nutrition Program deals with is the older American senior citizen 60 or over. We have two meal systems, each of which operates five days a week, Monday through Friday. The meals are one-third of the daily requirement and are served hot, usually at noontime. The first is a congregate system which is for the participant who can walk or drive, or who can be picked up by a SCAT bus, to have lunch at a central location called "the site." There are 11 such sites in Monmouth County. They are: Red Bank, Middletown, Freehold, Bay Shore, Howell, Matawan, Asbury Park -- there are two in Asbury Park -- Long Branch, and Neptune.

The other system is a home-delivered meal. This system consists of two programs. One is a Meals on Wheels Program and the other is a home-delivered program which operates from the sites located in the areas I just mentioned. The home-delivered meals are distributed from these 11 sites to local participants. The meals are delivered in various methods from each site. The methods include: SCAT bus drivers, Title V workers, Green Thumb workers, volunteers -- we depend very heavily on our volunteers -- and site managers. We do not have a paid position for home delivery in the Monmouth County Nutrition Program.

The Meals on Wheels Program, which is the other home-delivered program, deals with the target population but requires an income qualification. These clients may be under 60. As long as they are home bound and can meet the income qualification we can serve them. The Meals on Wheels Program has a paid delivery staff. This Program is now working out of the Oakhurst United Methodist Church. We receive our meals from a caterer. They are packaged and delivered from that location. Meals on Wheels has delivery people. They deliver approximately 225 meals a day in the Asbury Park, Long Branch,

Freehold, and Neptune areas. In total, with the two home-delivery programs, we serve about 630 home-delivered meals. We are only reaching a portion of the population, and only a very small portion of the County. These are home bound elderly and disabled. They are people who cannot go out shopping, those who are stuck home and have to depend on someone else to do chores for them.

A great deal of consideration is being given to this population. We are now working on a shelf meal which requires no refrigeration. This also includes milk. It is not powdered milk, but is a liquid which does not require refrigeration, and this is a breakthrough. We are also working on getting more funds to deliver weekend meals. Right now we are not doing weekend meals. With the shelf meal, we are also working on how easily the package can be opened because we are dealing with people who do not have the ability to open a simple package, can, or whatever.

The problem in Monmouth County is, how do we get these meals to people? That is the biggest problem. We are talking about people who cannot provide themselves with proper nourishment because they are disabled or elderly. They are the hungry in this age group in Monmouth County, as far as I can see, and are the target population we deal with. We identify these people through different methods. We have many sources -- people, friends, the Monmouth County Board of Social Services, the Monmouth County Office on Aging, and doctors who call in. Our program, along with the Monmouth County Office on Aging, is just beginning a process to extend out to the western part of the County. We have funds; we have meals. We are waiting for a vehicle, and now we are waiting for a driver. We are really working very hard to expand into the area where there are no sources for receiving a meal at all.

We need a solution to this problem of getting meals to the people. We are trying very hard to get volunteers, but we are finding more and more of the volunteer group going out to work. We do not find these people home to deliver the meals. So, we have to depend more and more on the Title V worker or the Green Thumb worker. That is a person 55 or older who has income eligibility. These people get a stipend and

learn a new trade or a new profession. We utilize them quite often at our sites and to deliver the meals.

I think we all need to make a commitment to try to reach the senior citizens who are in the part of the County that is not serviced yet, as you can see from our map. (witness indicates map) Thank you.

MR. GROVE: Thank you. Are there any questions? Diana?

MS. BELLA: Do you have a waiting list for either your congregate site or your transported meals?

MS. JOHANNEMANN: Regarding the congregate sites, we do not have a waiting list. As long as a person can get to the site, or he or she calls us the day before, there is a meal available. Unfortunately, the home-delivered program does have a waiting list.

MS. BELLA: Where does the funding for the programs come from?

MS. JOHANNEMANN: Funding for the Monmouth County Nutrition Program is Title III; that is the Older American Act. Meals on Wheels is Title XX.

MS. BELLA: Okay, so it's all Federal money?

MS. JOHANNEMANN: Yes, it's all Federal money. The County provides a match for Title XX.

MR. JOHNSON: You mentioned there is no waiting at the congregate sites if people can get there.

MS. JOHANNEMANN: That's right, for those who can get there.

MR. JOHNSON: For those who cannot get there, do you have a means of servicing them to enable them to get there? If so, what percentage of people are brought to the site each day through other means? Have you had a cutback in services there?

MS. JOHANNEMANN: We utilize the SCAT bus; that's the Senior Citizen Area Transportation bus. There has been a new department developed in the County which is called the Monmouth County Transportation System.

MR. JOHNSON: Is that a Federally funded system?

MS. JOHANNEMANN: There is various funding, but primarily it is from the County, and Title III funds, which are Federal funds. The department is developing a shared-ride program where you can get a

taxi. If there is a group of people, a cluster of people, who are going from one location to a site or to a shopping center, they can all take this one taxi at a reduced rate. There is a new bus line being developed from the surrounding area of Freehold into Freehold Borough. There are a lot of things going on, a lot of new programs.

MR. JOHNSON: Do you have any idea, percentagewise, of how many people who come to a congregate site come by SCAT bus?

MS. JOHANNEMANN: I'd say each site is different depending on the area, but I would say about 50% come by bus.

MR. JOHNSON: Again, to your knowledge, is there any waiting list to get it?

MS. JOHANNEMANN: No. Sometimes those buses make two trips in order to get everyone to the site.

MR. GROVE: Leslie?

MS. SMITH: On that waiting list for Meals on Wheels, what is the average length of time of wait? Do you have any idea?

MS. JOHANNEMANN: That is very difficult to say; it depends. Sometimes we can get someone on the program within a few days. Again, if we have a problem with an area, if we have no one in that area to deliver a meal, and we have to work on getting a volunteer, it depends on how long it takes us to get a volunteer, or someone to deliver that meal.

MS. SMITH: Thank you.

MR. GROVE: Paul?

REV. STAGG: You indicated you are serving some 600 meals a day, but you are only doing it for a portion of the County. What happens to the rest of the County? What is the unmet need, and what is your prognosis about meeting that need?

MS. JOHANNEMANN: Well, I can't tell you what the unmet need is. We haven't really identified all of the people who are in need in the part of the County that we do not go into. I don't know how we are going to meet that need, but we are working very hard to open up new sites. We are planning to open a site in Manalapan, which we hope will open up a whole area in Marlboro and Manalapan that has not been reached at all by any services.

Then, there is a portion of the County down in Manasquan that Ocean County doesn't go into, and Monmouth County just can't get anyone to go down that far.

MR. GROVE: Ruth?

MS. MOSKOWITZ: Are any of the school sites used for congregate feeding? Are you able to work with any of the school districts to assist you in the feeding of the senior citizens?

MS. JOHANNEMANN: No, we do not work with the school districts at all.

MS. MOSKOWITZ: Have you had any difficulty in that direction?

MR. JOHNSON: Janitors' unions.

MS. MOSKOWITZ: Pardon me?

MR. JOHNSON: The janitors' unions. (laughter)

MS. JOHANNEMANN: I'm sorry, I can't answer that. We utilize a summer employment program and we utilize the students to learn food service operations and dealing with the seniors. We utilize them that way, but we don't utilize the schools themselves. We do have a site that is in a school that is not used anymore. That is in the North Long Branch section. We have a senior center and a nutrition program. But primarily we do not utilize school cafeterias or anything like that.

Excuse me. We did try to utilize a school cafeteria during off-peak hours, but there was difficulty with our people driving into the schoolyard when the children were there. Also, the schools are only open a portion of the year; they are not all open year-round. With the schools I spoke to, we wanted to utilize their facilities to do our home-delivered meals, our Meals on Wheels Program. We had to move it from Freehold, and now we are working out of the Oakhurst Methodist Church. We could not utilize the schools just to package those meals and then distribute them because we interfered with the school program.

MR. GROVE: Dom?

MR. RITARDI: Gloria, I notice you are a nutritionist.

MS. JOHANNEMANN: No, I am not a nutritionist.

MR. RITARDI: Oh, you're not a nutritionist. I am going to ask you this question anyway.

MR. GROVE: It's a burning question.

MR. RITARDI: I am wondering what your opinion is, from a nutrition standpoint, of giving cheese and butter to senior citizens.

MS. JOHANNEMANN: Well, our seniors love it. They truly enjoy receiving the cheese and butter, and they do utilize it, as far as we know.

MR. RITARDI: So, you think it is a valuable program. Do you think that some of the Federal government commodities besides cheese and butter that may have found their way into some of these hot meal feeding sites have been of some value, a lot of value, or do you need more?

MS. JOHANNEMANN: Well, we get a USDA reimbursement. We opted, instead of using commodities, to utilize the cash reimbursement. But if we ever start our own kitchen-- We do not do our own cooking. We get our food from a caterer.

MR. RITARDI: Yes, that is a point I was going to bring up. In New Jersey, senior citizens have opted to take the cash rather than the Federal government foods. Does it appear to you that the commodities, in their raw form, would go a lot further for that money than hiring caterers to bring the food to the seniors?

MS. JOHANNEMANN: I know if we were preparing our own food, we could stretch that dollar a lot further. By utilizing a caterer, we have to take into consideration that they are making a profit.

MR. JOHNSON: May I ask you why you don't prepare your own food?

MS. JOHANNEMANN: Well, right now we do not have the facilities.

MR. JOHNSON: That is the main issue?

MS. JOHANNEMANN: That is the main issue. I would be very happy to prepare our own food, but we don't have an equipped kitchen. We have to follow Chapter 12 regulations, and there are some very specific State regulations. And, it's a question of money; it's equipment.

MR. JOHNSON: Do you have any idea how many counties prepare their own food as compared to catering?

MS. JOHANNEMANN: Oh, there are a few. Middlesex is one County which does prepare its own food. Again, there are pros and cons to that too; you know, it's personnel, it's equipment, it's a lot of things, but it's management primarily. Salem County prepares its own food. There are quite a few which prepare their own food.

MR. RITARDI: Just to follow up on that, do you think if the State of New Jersey's senior citizens' program would opt to take the commodities, thereby saving money in that area, they could use that money to help to get those facilities?

MS. JOHANNEMANN: That is a thought. The only problem with the commodities-- At one time, we did utilize commodities, but we had to take whatever they were offering. Now, you know, one month we would get peanut butter. I mean, how much can you make with peanut butter? It would be okay--

MR. RITARDI: (interrupting) The commodity program now runs about 55 or 60 different foods.

MS. JOHANNEMANN: Yes.

MR. RITARDI: While they do rotate, there are repeat items. They would pretty much be the same foods the schools utilize now in their feeding programs, and they seem to manage. Am I correct, Ruth?

MS. MOSKOWITZ: Yes.

MS. JOHANNEMANN: If we were doing our own cooking, I agree that the commodities would be more cost efficient.

MS. MOSKOWITZ: Gloria, for the record, I would like to have another statement from you perhaps. Throughout the country, schools are helping senior citizens in feeding programs. We do not do very much of that in New Jersey. You did answer my question about the fact that you have had some problems with some school districts. These are kitchens that are not fully utilized for the whole year. They are standing vacant, clean, ready to be used. It seems a waste of taxpayers' money to have all of this equipment standing idle when you are looking for a kitchen.

How extensively have you explored this problem? Do you have any hope that maybe you can get some help in this through some school districts?

MS. JOHANNEMANN: We haven't looked into it to the extent that we could utilize a kitchen all year long. As I said, it was just the Meals on Wheels Program where we wanted to package the meals, but we were not able to. But, it would bear looking into.

MR. JOHNSON: I have one other question, Terry.

MR. GROVE: Okay.

MR. JOHNSON: Again percentagewise, I am also curious about how many of the people who are getting your meal at the congregate sites-- For how many of those people is that meal the main and only meal every day?

MS. JOHANNEMANN: Again, it depends on the area; it depends on the site. But at our low-income sites, I would say that is the only meal or the main meal for, oh, I'd say, 50% to 75% of the people we serve.

MR. JOHNSON: What do they do on weekends and holidays?

MS. JOHANNEMANN: Well, on weekends, at lunch and dinner, they have a very light meal. Our lunch provides them, as I said, with one-third of the daily requirement. Usually, it's three to six ounces of an entree, milk, juice, two vegetables with a starch, and then dessert.

MR. GROVE: I think Jack was asking, what happens on weekends?

MS. JOHANNEMANN: They have a light meal.

MR. GROVE: That's all? They do that on their own?

MS. JOHANNEMANN: Yes. They have sandwiches; on the whole, they have a light meal. Or, if they are lucky enough to have a family, then they are provided a meal by the family, or possibly friends.

MR. GROVE: Thank you very much.

MS. JOHANNEMANN: Thank you.

MR. GROVE: Is Hyacinth VanBaush here? (affirmative response)

HYACINTH VanBAUSH: I am Hyacinth VanBaush. I am from the Sa Lantic Health Center -- that's Salem and Atlantic. We have a rural clinic in Folsom, Atlantic County, and a small site in Penns Grove, Salem County. I am the nurse/practitioner, in addition to being the nutritionist and the social worker. We see patients of all ages, senior citizens down to newborn babies. After just hearing about Meals on Wheels for seniors, the age group we see which really seems to be hungry is the group between the ages of 35 and 62, the ones who have lost their employment, who have no resources, and who are given nothing in the way of compensation when their funds run out and their unemployment checks are gone. They have no WIC or anything else to fall back on.

The children and the teen-age mothers have WIC. Usually that seems to be adequate, if it is well managed. We find that the problem comes when it has been mismanaged, as has been said here so many times before. I'm very much in with family planning for adolescents and, also, prenatal patients. As has also been said before, this is a cycle that goes on and on. I try to help by implementing family planning. I stress this very much to the teen-agers, especially the young 14-year-olds who are pregnant. I let them know that unless they use some sort of contraceptive measure, they will have five children by the time they are 21 and able to have a tubal ligation or some other form of sterilization. So the cycle will go on and on as far as they are concerned. As soon as I find out someone is pregnant, I send her to WIC. There again, I tell her what she will get from WIC, how important nutrition is, and that sort of thing. Sometimes the girls have the WIC referrals for weeks before they make an appointment to go there.

Also, there seems to be a lot of cutback in WIC in our area. Women have to wait several weeks before they can be seen. By then they have lost interest in getting there. We also try to get them to-- We tell them as soon as they have the baby and get home, to bring the baby in because we have to get a hematocrit from the baby for the baby to get WIC also. I find that the amount of milk and other food they get from WIC is usually very adequate, again, unless mismanaged. We keep

in touch with some of the girls. On one occasion, for instance, a girl called about a problem with her baby. When asked how she was managing, she said, "I'm doing all right. I have one bottle of milk left." We said, "When will you pick up your week's supply," and she said, "Well, next week." We said, "How will you manage?" and she said, "Oh, I'll just water it down." Fortunately, we keep a supply of milk and other products we get from drug companies on hand, and we give it out as needed. We ask the women if they have adequate amounts of milk and whatever else we have because of -- as so many others have said -- the importance of nutrition, especially in the early stages. We really try to impress this on them.

As far as senior citizens go, they seem to do fairly well; however, quite often they go without their medication. Here again, they do not tell us because we find that there is a lot of pride with these people, even with the expectant mothers. We refer them to WIC and they say, "No, I don't want to get WIC. I want to do it on my own. My husband and I will manage," and that sort of thing. Of course, I tell them that we taxpayers are paying for the storage. "Your husband has paid for the storage too, so you should get it." Then they say, "Well, I'll think about it. I never thought about it that way." We find, especially with the seniors, that they go without their medication, while if they would only ask us, we would provide them with an emergency supply, especially someone with high blood pressure and that sort of thing.

With the Meals on Wheels and somewhere to go for the senior citizens, we find that the people in real need are the people 35 to 62, who have nowhere to go and no one to turn to, as it were.

I think that is about all I have to say. If you have any questions, I will be happy to answer them.

MR. GROVE: Leslie?

MS. SMITH: I understand you work with the farm worker population.

MS. VanBAUSH: Right.

MS. SMITH: Can you tell us what some of the problems are particular to their form of life style that might not come up in other

testimony we might hear -- the special health problems and the special nutrition problems perhaps, that they might be going through?

MS. VanBAUSH: Well, to get the farm workers in, we supply transportation. Unless they complain of something specific and come in, we do not see them. The doctors go out to the sites of the different camps on different days of the week. The workers come in one evening a week after they have finished working. In addition to that, we have referrals for dental and ophthalmology services twice a month. Apart from that, there isn't anything specific because we can't really go out and get blood from them to do a CBC, or to see what their hematocrit hemoglobin is, which would be an index of how they are eating. Unless they come in with a specific complaint and we do a CBC, a hematocrit, or that sort of thing on them, we really do not know. They sometimes come in -- though this happens very seldom -- with pesticide poisoning. We have not had any positive blood tests on that. They complain of a rash, or dermatitis connected with their work, that sort of thing. The usual complaints are colds, in addition to a few acute problems that one or the other might have.

MS. SMITH: What about malnutrition? Do you see a high incidence of malnutrition in the farm worker population?

MS. VanBAUSH: There is no way for us to--

MS. SMITH: (interrupting) There is no way for you to gauge that?

MS. VanBAUSH: No. Again, we could tell this by a CBC, a complete blood count, the hematocrit hemoglobin, but we are not going to take blood from a man unless he looks very pale and has symptoms of something.

MS. SMITH: Thank you.

MR. GROVE: Dom?

MR. RITARDI: Yes. I would like to ask, is it true that the majority of the farm workers are in the area for the picking season and that they may be coming from out of the country? Are they here at a certain time to pick as much as they can and to make as much as they can, and then go back to where they came from? Has the history of where they may have come from had an input on their nutritional standing, as it were?

MS. VanBAUSH: Yes, they are seasonal. I think they come in May and leave in November. As far as I can tell, they usually have their own ethnic foods served to them. They have not complained that it has been any different nutritionally from what they are used to, so there is really no way for us to tell if they are not getting complete nutritionally sound diets.

MR. RITARDI: I am just wondering, if there is evidence of malnutrition, or lack of nutrition, is it because of the history of the particular area they come from, their food customs, and so forth, rather than a symptom or a sign of the particular area in which they are living? I'm curious.

MS. VanBAUSH: I don't really know because we do have quite a few nutritionally deficient people in our area. They are Hispanics, blacks, all ethnic backgrounds. So, it is rather difficult to say that because of the foods they eat they are nutritionally deficient. I think it is just what they eat.

MR. GROVE: Ruth?

MS. MOSKOWITZ: You said there is a neglected group in our society that is not being serviced, the 35 to 62-year-old group.

MS. VanBAUSH: Yes.

MS. MOSKOWITZ: Can you classify them as unemployable?

MS. VanBAUSH: No, they are employable, but with the recent cutbacks in jobs and that sort of thing, they may have just lost their jobs. They didn't have much savings, and their unemployment has run out. There is nothing for them. There are no free meals, or anything.

MS. MOSKOWITZ: Are they single people, do they have families, or--

MS. VanBAUSH: (interrupting) They sometimes have families. There again, WIC is for children up to five years old. Also, in the adolescent family planning I do, when girls come in for that I automatically do a hematocrit on them. If a girl is 14 and she has a hematocrit of 32 -- the normal is 38 to 46 -- if she is not pregnant, she does not qualify for WIC. I tell her to take vitamins, but these girls are very lax about taking vitamins. If she is pregnant and she comes in with that hemoglobin -- whether she has a low hemoglobin or

not, she will qualify for WIC. So, there are a few discrepancies about that. Apart from that, I think WIC is excellent. It provides, especially for the babies-- It makes sure that they get their quota of food and milk.

MR. GROVE: Are there any other questions? (negative response) Thank you very much, Hyacinth.

We have come to the end of our witnesses for this afternoon's session. We will reconvene at seven o'clock this evening. Thank you all for your attendance this afternoon and for your testimony. We will now recess.

(RECESS)

EVENING SESSION

MR. GROVE: Good evening. My name is Terry Grove. I am the Chairman of the Subcommittee on Public Comment for the New Jersey Commission on Hunger. We are in session this evening to take testimony from the people in New Jersey who have information that we deem very important to the study and the work we are doing to prepare a report which we hope will become the basis for legislation and activity in New Jersey by the Legislature and by the Governor in the years to come.

We are pleased that you are here with us. We have been working now for about six to eight months. We have held eight hearings like this all over the State of New Jersey. We are pleased to be here as part of the Governor's School to have this ninth and last hearing in our series. We are taking what you have to say seriously; that is why we have come here to listen to you. There are 20 to 25 people on this Commission. They represent a diverse background, but we believe we need input from people like yourselves, who work from the grass roots with hunger, who are hungry, or who are providing services to hungry people, so that we can do a better job of making recommendations to the Legislature and to the Governor for action.

We believe what you will be saying is so important that we are taping every word of it. Every little story, every little joke,

every little mistake goes onto the tape recorder. e two ladies to my right are from the Office of Legislative Services. They are Jeanette Betz and Mary Jane Zimpleman. The two of them are taking all of these words on tape. They will then transcribe the words onto paper, and will provide that to the Commission so we can make sure that what you said is what you said, and what we thought we remembered is, in fact, what we do remember. If not, we can get it corrected on tape or in the transcript.

We are now ready to take testimony. The way we would like this to take place is, we will call the people to give testimony, ask them to come up to the table, be seated at the table, give their name, spell their name, and then tell us what organization they represent. Each person will have 10 minutes to give testimony. At the end of that 10-minute period, he or she will be open, I hope, to questions from the panel of Commissioners. When those questions are completed, we will move on to the next witness.

We have set this up so that we can accommodate about four witnesses an hour. We expect to be here, at the present rate, until somewhere around 10 o'clock. Hopefully, we will be finished by then. Who knows what will happen. But, we are going to be here until everyone who has said they want to give testimony and who came, has an opportunity to speak to the Commissioners who are here this evening.

At this point, I would like to introduce the Commissioners who are here and let them tell you what they do and what their interests are. Then we will start the hearing. On my far right is the Chairman of this august body.

MR. JOHNSON: My name is Jack Johnson; I chair the Commission. I am also the local pastor of the First United Methodist Church of Oakhurst.

MR. HATTON: I am Larry Hatton; I represent the Department of Human Services. I am a supervisor of a policy unit in the Commissioner's office. We deal with issues relating to hunger, individuals who are homeless, and housing in New Jersey.

MS. SMITH: I am Leslie Smith, Executive Director of the Center for Food Action, which operates a network of emergency food centers throughout the State of New Jersey.

MS. KOVACS: I am Emma Davis-Kovacs, Department of Education, Child Nutrition Programs.

MS. MOSKOWITZ: I am Ruth Moskowitz, School Food Service Director for the Elizabeth City Schools. I am representing the School Food Service.

MR. RITARDI: I am Dom Ritardi from the State Agriculture Department. We are running the State commodity program which deals with school lunches, needy feedings, and institutional feeding programs.

REV. STAGG: I am Paul Stagg, General Secretary of the New Jersey Council of Churches and a convener of the Blue-Ribbon Committee on Ending Hunger in New Jersey.

MR. GROVE: I am Terry Grove, Director of the Church World Service/CROP Regional Office in New Jersey.

We would now like to call Dr. Morgan to come up to give testimony. If any of you have written testimony, it would be a great help to us if you would give it to the ladies from the OLS office. It will help them in their transcription. I will try to give you a minute's warning if you are running up against the 10-minute time allotment so you will be able to give us the most important material left in your presentation. Dr. Morgan?

DR. ROBERT MORGAN: Thank you. I am Dr. Robert Morgan. I am a pediatrician in private practice. I am also a public health physician and I serve as medical consultant to MCOSS Nursing Services, New Jersey's oldest and largest home health care agency. Part of our work in the agency is providing basic care for infants through five years of age to children in Monmouth County. We see several thousand such children each year.

We do many screening programs as part of our mandate through contracts with county and State agencies, and local municipalities as well. We provide services for iron deficiency screening and lead intoxication screening, which we have become more involved with in the past two years. We have been struck by the prevalence of these problems directly related to malnutrition. All of us are becoming more and more concerned, and in many ways we are getting more and more

frustrated by the problem. Very often we just seem to be scratching the tip of the iceberg. When we think we have discerned all of the cases we are going to see in any one given area, we keep finding more.

Just as a way of giving you a perspective, at the present time we have 65 children between six months and two years of age on our roster who have confirmed iron deficiency which we are treating through our clinics. This does not include past patients we have had who have already completed treatment, and it does not include new ones who are just being worked up. We did not have a chance to get together more of our statistics, and this is one of the problems we have. We hope this can be confronted by the Commission on Hunger, something to help us to get our statistics organized to find the children who need this help. Right now we pretty much rely upon our extension nursing services -- community public health nurses -- going into the communities and, through screening programs, trying to find these children. We do have a number of children who just come into our clinics for routine immunizations, which we screen, and it is not at all uncommon to find children who are profoundly malnourished. In the past 12 months, just as an anecdotal aside, I have admitted three patients less than two years of age directly to the hospital for severe malnutrition. They were so sick when they walked into the clinic just for routine care that they had to go directly to the hospital. That is very, very disturbing to me here in Monmouth County, which is one of the wealthiest areas of our State, indeed, of our country. Yet, these children are out there. Very often they just fall through the filtering process we have for finding them, and as hard as we work, we still know there are more children to be found.

We need to spend much more time and much more of our resources on educating a lot of our mothers, especially our teen-age mothers, who have come through generations of malnutrition, and in many ways subject their newborn children, through their own nutritional ignorance, to a lifetime of malnutrition themselves. We know there are many developmental disabilities inherent in children who are iron deficient or who are lead intoxicated, and we are very, very fearful that these problems will be compounded for the number of children who go undetected.

It would have been nice for us if we could have gotten ourselves into a system of epidemiologic study here in Monmouth County. It is something we are working on. We are trying to pinpoint things, but because our resources are limited, we have to spend most of our time and most of our efforts actually treating the children we find. If we may make a request and ask that an area be looked into for future consideration, it would be to assist us, and other organizations, in finding these children. They're there. They have to be discovered through community screening programs, and in many cases, even just through door-to-door searching out by public health nurses. The resources have to be provided to make sure that once the children are discovered, they are brought in for treatment, that they are not lost to follow-up, and that they can be monitored through months and years of life so that they don't go on to experience the same difficulties all over again.

Just by way of closing, we certainly wish to endorse the activities and efforts of this panel. If MCOSS Nursing Services can be of assistance, we certainly would do everything we could to help. Thank you.

MR. GROVE: Thank you. Are there any questions? Leslie?

MS. SMITH: When a child under two has iron deficient blood, can that be a direct result of prenatal malnutrition of the mother?

DR. MORGAN: Absolutely. It is especially prevalent among our teen-age moms who have, by and large, very poor dietary intake throughout their pregnancies. Many of the children start out growth retarded. They are born small for gestational age compared to their peers, and they have all that much more effort to expend to improve their nutritional status through the very important first few months of life. If children are born with poor iron stores to begin with, we know medically they exhaust their iron stores under the best of circumstances by about six to nine months of age. It is not until that time that an infant is able to manufacture his or her own iron stores sufficiently enough to provide their needs. We find children two months of age who are profoundly iron depleted. This is, by and large, for many of them a nutritional problem carried over from the prenatal experience.

MS. SMITH: Can you define two terms I have been hearing a lot in my research, the difference between a failure to thrive in a child and malnutrition?

DR. MORGAN: Failure to thrive is a clinical correlation where an infant is-- There is no precise definition, but basically it is when an infant is just not growing, not gaining weight, and not developing. The developmental milestones are just as important as the actual nutritional aspect. These infants basically stall at a growth parameter. Whereas their peers will be gaining a half a pound or a pound a month, these babies are just staying the same. It is due to a variety of reasons, not just nutritional, although nutrition is certainly one of the most important variables. But, maternal deprivation, poor social stimulation, and poor interaction with other family members certainly contribute to it. We find children who fail to thrive who do have a good dietary intake, but that is really the exception.

Malnutrition, more specifically marasmus, which perhaps we do not tend to think of in this country too much-- Marasmus is what we see occasionally here in Monmouth County. It is protein/calorie malnutrition essentially, where basically children are not fed enough to provide for their needs. Often I see this in siblings of large families who are already involved in supplemental programs, the WIC Program perhaps. They are receiving assistance, but because of the large family size, somehow the youngest child seems to be lost in the shuffle. The ones who cry the loudest or who are the biggest tend to come out better off. It's a problem, but here again, a lot of it is educational. A lot of it is not detected until we actually have occasion to see the interactions of the family, when public health nurses are able to go into the homes to see what is going on there, and by frequent contacts with our child health clinics, to chart their growth month-by-month and sometimes week-by-week. We then use this as a means of educating the mothers and other care-givers who need to follow this themselves, and to show them that their babies literally need to eat more.

Here again, with teen-age mothers, a lot of them are sadly misinformed about the demands an infant requires, and a lot of them sadly underestimate how much nutrition an infant requires to sustain growth.

MS. SMITH: Thank you.

MR. GROVE: Are there any other questions? Dom?

MR. RITARDI: I have just one question. From my limited understanding of the WIC Program, isn't that Program supposed to address some of these problems? If it hasn't, with some of the infants you just described, how do you get to those parents to make them take advantage of a WIC Program and so forth? I don't know; I'm asking you.

DR. MORGAN: Okay. Yes, the WIC Program is certainly, in my mind, the most valuable public health type program we have. It has certainly made great changes in the lives of many, many children for a number of years now. The WIC Program is subject to variables in funding from Washington. At times, they have varying levels of caseloads in terms of the number of patients they can serve. I would certainly like to say in their behalf that whenever we have had a problem with a family whom we have been very frightened about regarding their nutritional status, the WIC agency has been very responsive to our inquiries and has moved mountains to get them enrolled and to get help to them. They have a very flexible approach here in Monmouth County, and we are very grateful for that. But, as I mentioned, they are subjected to the variables of funding from Washington, D.C., and they cannot do it all themselves. There are family income constraints and a number of other reasons why some people filter through. As well advertised as it is, there are still a number of people who are just not aware of it. I don't know why that is. All of us work our best to inform young mothers of the existence of the Program, and still we find many of them who come in who have no idea. Truly, there are young families like that in our society, people who have moved here to Monmouth County from other areas of the country which do not have the array of social services we provide. They just never knew in their experience that these services existed where they came from elsewhere in the nation, and they just assumed that they did not exist in this

area. Until it is brought to their attention, they just go about the way they have always done things. So, unfortunately, a number of children do not get the nutrition they require.

Education is a large factor, as is going into the community for case finding. After discovering the cases, the follow-up. This is where we, as MCOSS Nursing Services, feel we can really provide a significant service by following these children through months and years of life. Once the problem has been detected and, indeed, a short-term cure is effected, the basic variables often do not change. It's important that this type of follow-up be continued.

MR. GROVE: Thank you very much.

DR. MORGAN: Thank you for your time.

MR. GROVE: You're welcome. I would like to call Dr. Herman Baker, please. We are going to have some slides, so we have to take just a moment to get set up.

DR. HERMAN BAKER: My name is Dr. Herman Baker. I am Professor of Preventive Medicine and Community Health and Medicine at a New Jersey medical school.

I would like to give your people some information on the nutritional aspects of the elderly which we have studied at our school. I would like to go ahead and show you what our progress has been with studying malnutrition in the elderly.

Before I do that, I think I will give you some introduction as to what is significantly wrong with the elderly as far as nutrition is concerned. Now, this is a study that has been done in rats. (Dr. Baker starts to show slides to audience.) As you can see here -- can you see in the back? -- rats fed diets ad lib live a lot shorter period of time than those on restricted diets. Obviously, we cannot do this in man, but you can see here that inhibiting the amount of food taken in apparently prolonged the lives of these animals.

If you look at the carbohydrate intake, you'll see that the less carbohydrate the animal takes in, the longer he lives. Obviously, we cannot extrapolate these results to man. It is very difficult to put a baby on a non-carbohydrate diet and say he may live to be 20 or 30 years older than his peers.

In looking at what happens to the elderly, you can see here that once you pass 30, you begin to fall apart. (laughter) Going downward until the age of 90, you have a decreasing cardiac index, etc. and it goes right down the line to a point where this will, in many instances, inhibit an elderly person from getting around. Now, if we look at the results of aging -- you see aging on top -- you have to take into consideration drugs, disease, and diet. As far as drugs are concerned, about 25% of the prescriptions written in the United States are for the elderly. About 45% to 50% of over-the-counter drugs are consumed by the elderly. By the elderly, I mean people who are 65 years of age or older.

With drugs you will get a loss of appetite and, most importantly -- and I will take this into account later on -- malabsorption of nutrients. As far as disease is concerned, it will also give you the same symptomatologies -- loss of appetite, malabsorption of nutrients, and, most importantly, malutilization. As far as diet is concerned, a decreased intake does take place in many of the elderly.

As you can see here (indicating slide) there are various reasons for the elderly to be malnourished, going from A to Z -- apathy, bad medical care, cancer, drug taking, excessive alcohol intake, failing vision, and gastric operations or disease. Once an operation to the gut is performed, malabsorption of vitamins, in particular, will take place. You go right down the line to poverty, of course, wife's death, vegetables not available, teeth not fitting-- Dentureless patients are not able to chew their food properly. So, in this respect we have to keep in mind that there are many reasons why malnutrition is very prevalent in the elderly.

If we look at the drug interactions here -- alcohol, anticoagulants, anti-inflammatory agents -- all of these will interfere with the absorption and the utilization of nutrients. If you keep in mind that many of the elderly are hypertensives, the anti-hypertensive drug Hydralazine, for example, will interfere with B6 metabolism, which is important for protein nutrition.

If we look at the risk nutrients which apparently are present in Americans over 65, we see Vitamin A, thiamine, riboflavin, niacin, B6, folic acid, B12, C, V, E, calcium, magnesium, and zinc. The reason for this, in many respects, is that many of the elderly will take in less than 75% of the recommended daily allowance of vitamins through their diet. Most importantly, you have to keep in mind that with this decreased intake, iron deficiency anemia will take place, an anemia due to folic acid or B12 deficiency. In this regard, vitamins then become a most important factor, so much so that this is a study that has been done by many people. We see, for example, that when they get low levels of Vitamins C or B12, these elderly will score very low on mental function tests. When you have subjects with low levels of riboflavin or folic acid, again, they will score very low on mental functioning tests.

Why do we count on vitamins as a source of malnutrition? Primarily you see here (indicating slide) the amino acids which form proteins. You see all of the vitamins that are required by man. You see all of the minerals, the trace elements, and the electrolytes. Most important are the vitamins, because without vitamins, all intermediary metabolism, all metabolism within the body will malfunction. As you can see here, amino acids will not be converted into protein. Fats will not be utilized by the body if you have a decrease in pantothenic acid, biotin, and niacin. Most importantly, on the bottom to your right is B12 and folic acid. Without B12, or with an insufficient amount of B12 and folic acid, red cell formation is inhibited and anemia will surely ensue. Not only that, but regeneration of cells within the brain and the liver will not take place. This is quite important in the elderly.

If we look at how deficiencies take place, you can see on the upper left that obviously if you are not taking it in, you will get a vitamin deficiency. But, there are many secondary forms of deficiency which take place in the elderly. Many physicians will say, "Well, if you are not feeling well, just take a pound of vitamins and you will be all right." However, if the patients do not absorb -- you can see poor absorption on the right -- they will take the vitamins in, but all they

will be doing is reaching the sewage system. They will go in one opening and come out the other. So, it is most important to determine whether patients can absorb vitamins. We will go more into detail on this a little later.

Once you get that, you get a gradual tissue desaturation of nutrients. The liver is the main storehouse of vitamins, and once you get desaturation within the liver, eventually you will get bile chemical lesions and the anatomic lesions. At that point, obviously the physician can recognize it. But we are concentrating mostly on the gradual desaturation of nutrients, which we can do by looking at the blood. Before the clinical signs, we can analyze whether the patient has a subclinical or latent vitamin deficiency. This is not yet recognized by the physician, but the patient will say, "I'm feeling poorly. I can't concentrate too well. I just can't sleep at night. I'm restless." In this respect, what we have done is develop a technology. We use microanimals. These are some of the protozoans, microanimals that you might have found in your high school days. We use microanimals primarily because, as you can see on the upper right, they have a mouth, they eat particulate matter, they can eat and chew, and they require vitamins the same as man and higher animals. So, their requirements are essentially the same as a human's.

In this regard, we developed a microzoo. Using these microanimals, we can analyze eight of the B complex vitamins, together with Vitamins A, E, and C. We did a study on the elderly with this technology so that we could determine, for example, where we have optimum nutrition as far as vitamins are concerned, and marginal, that is subclinical deficiency, which has not yet been recognized by the physician. We can also determine the deficiency of the vitamin per se. So, this technology becomes important to us. It is important to understand too that the earliest sign of vitamin deficiency, the earliest sign of subclinical deficiency, is in the blood. As you can see in the figure on the bottom, the earliest sign here is a circulating level, in this instance, of thiamine. So, if you deprive, in this instance, an animal of thiamine, within 15 days there will be no circulating thiamine. The animal has not yet developed the clinical signs, but eventually that will ensue.

An experimenter, as a matter of fact a hematologist, decided that what he would like to do was find out all of the clinical sequelae of what would happen if he didn't take in any folic acid. You can see that two weeks after he stopped taking in folic acid, the only symptom we could find was that he had a low serum folic acid level. He felt perfectly well, except that he began to get irritable. Eventually, about 20 to 25 weeks later, he developed all of the clinical signs, the anemia. If we saw this patient in the clinic, we would say, "If you have a low serum folic acid now, change your dietary habits, change your regimen, and begin taking folic acid; otherwise, the anemia and all of the clinical signs will ensue.

This is by way of background. Here you see (shows new slide) a patient who came into the clinic, an elderly man, who said he had been feeling poorly for years. His physician could not do anything to help him from the standpoint of him being able to say, "Today is a good day." You see here that this patient had a thiamine deficiency, a Vitamin C deficiency, a Vitamin E deficiency, a Vitamin A deficiency, a Vitamin B6 deficiency, and a folic acid deficiency. We immediately treated this gentleman with an intramuscular dose of vitamins, and he began feeling well two weeks after we gave him this treatment. I will show you something about that a little later.

MR. GROVE: Excuse me, Dr. Baker. You don't have too many "little laters" left.

DR. BAKER: No, I'll go through this--

MR. GROVE: (interrupting) We are already at 10 minutes, so please wrap up.

MS. HART: (interrupting) Dr. Baker is scheduled for a double time period.

MR. GROVE: He's scheduled for a double?

MS. HART: Yes.

MR. GROVE: Oh, well, then you have another 10 minutes.

DR. BAKER: I have been given a double shot here.

MR. GROVE: There you go. That's called intramuscular; now you'll have a lot more excitement.

DR. BAKER: Right. We began taking a survey of the geriatric population as compared to the hospital population and the younger population. We noticed that as far as folic acid is concerned, the elderly population seemed to have lower folic acid levels. That began to bother us. Why should the elderly population be so different from the younger population? We did a study in the nursing homes in New Jersey and we found that in 471 of the elderly, about 16% of the total elderly we checked, both in institutions where the diet was perfectly correct, and non-institutional patients, that is, patients who were outpatients, there was a great percentage of folic acid deficiency in these patients.

Now, we wanted to know why. We began to determine that -- perhaps if you look at number two -- there may be an absorption deficit in these elderly. We thought that perhaps if we began to give these elderly the folic acid that is present in food, mainly that which has many -- as you see on the right -- of these glutamic acid rings-- What we had to do in the body was take away these many glutamic acids and get to the main formula of folic acid, namely with one glutamic acid. What happens in the body is when you take in food folates -- do you see Pte Glu 7? -- that is broken away until you get the mono, the one glutamic acid which is the only way that folic acid is absorbed. Knowing this as background, we then fed these elderly yeast, which is a food containing polyglutamates. Ninety percent of the folic acid in yeast is in the form of polyglutamates. So, if you look back at this slide here, you can see that the patient has to break down this form of folic acid into the monoglutamate form.

When we gave this to the elderly, you can see on the left that compared to the younger population, they could not utilize yeast as a source of folic acid. In other words, they cannot utilize food as a good source of folic acid. If we gave them the monoglutamates, which you see on the right, as compared to the younger population, they could absorb the monoglutamates. What this tells us is that, indeed, these patients cannot utilize food as a source of folic acid, and the folic acid must be given to these patients free form.

In looking further at the vitamins we found thiamine deficits. In the total elderly of 452, 11% of these patients had deficiencies of thiamine, had deficiencies of B12, had deficiencies of nicotinic acids, and had deficiencies of B6. Now, B6 is a very important vitamin because not only does it help the body make protein, but it is a very important vitamin in the neurologic function of the elderly. What we thought we would do with these elderly was, rather than worry about giving them vitamins by mouth, we would concoct a formula which would give them enough vitamins to get into their liver, but we would give them through the intramuscular route. What we did was give these patients this formula of vitamins parenterally, which means by the intramuscular route. What we saw -- as you can see on the left -- was that as far as B6 was concerned, that was the normal level. But with these patients, despite the fact that they were taking vitamins by mouth for three months to two years prior to our study, they were still deficient in B6 and -- as you can see on the bottom of the slide -- nicotinic acid, again, despite the fact that they were taking these vitamins by mouth.

Three months after we gave them the intramuscular injection, with no further vitamin treatment, 90% of these individuals were within the normal range; 87% of these individuals were within the normal range for nicotinic acid. The same picture followed for B12 and for folic acid. So, despite the fact that they were getting these vitamins by mouth, they apparently were not absorbing enough to store within their livers to make use of the tissue itself. In this regard we were able to correct thiamine, B12, and folic acid. Here you see the thiamine picture. One-hundred percent of these patients remain fine three months after the intramuscular injection, but you must keep in mind that no further vitamin therapy was given. This is essentially a very important cost factor as far as these patients are concerned. So, as far as the elderly are concerned, there is, indeed, some form of malabsorption which these patients get primarily because they cannot utilize many of the foods as a source of vitamins. They must be supplemented with vitamins.

Thank you for listening.

MR. GROVE: Thank you, Dr. Baker. Will you please be seated again and entertain questions, if we can figure out how to ask them? I think I was just through a Medical 101.

DR. BAKER: Well, I'll tell you-- My main aim -- I took these slides out, but I think I will show them anyway -- is to take the elderly and put them back into commission. As a matter of fact, when we treated these elderly patients, one 102-year-old lady wrote me and said that she felt so well that she wanted to join the Folies Bergere. This is how she looked (shows slide). Not to slight the men, we had a 103-year-old gentleman, and this is how he looked. So you see, vitamin therapy is excellent for the elderly.

MR. GROVE: Are there any questions for the good doctor? (no response)

DR. BAKER: I know this may sound technical to you, but the most important aspect we found was that, indeed, many of these elderly suffer from nondescript ailments. Many physicians are really not trained in clinical nutrition, so they cannot understand why these nondescript ailments take place in the elderly. In our study with vitamins we have indeed found out that many of these elderly suffer from subclinical deficits. Their brains do not function well. As a matter of fact, what we are also doing with many of these elderly is studying the effects of vitamins, high doses of vitamins in Alzheimer's disease. We are doing this primarily because we feel that many of the elderly began getting deficits in the transformation of these vitamins into active elements. What we want to do is push these vitamins to a point where we can revitalize some of the degrading things that happen during aging.

The reason we were so successful with our vitamin treatment parenterally rather than by mouth was because we knew, for example, that the receptacytes in the livers of the elderly for vitamins decrease, and if these receptacytes are not saturated fully, there will not be enough vitamins in the tissues for regeneration and for reconstituting all of the systems involved in metabolism within the body.

MR. GROVE: What needs to happen in order to do the sort of vitamin medicine you are talking about? Is it covered by Medicaid? Can the elderly get this kind of treatment? Is there anyplace they can go?

DR. BAKER: They can go to any clinic. You see what we have done in this study. In one nursing home in New Jersey, it is now standard therapy upon admission of the elderly to give them the intramuscular dose of the vitamins. As far as cost factors are concerned, it is much cheaper to do it this way; it is much healthier to do it this way than just to randomly give the vitamins by mouth.

MR. GROVE: Is this being done broadly?

DR. BAKER: It is being done by nursing homes in Nevada; it is now being instituted in nursing homes in California; and, as I said, in a nursing home in New Jersey it is being done regularly now.

MR. GROVE: A nursing home?

DR. BAKER: Yes. Many of the nursing homes are trying to obtain the vitamin preparation, but, unfortunately, the manufacturers are not making it in this dosage. They are trying to go out to get the dose range we used to get it out to the nursing homes.

MR. GROVE: Are there any other questions?

MR. HATTON: In other words, sufficient nutrition and high dosages of oral vitamins will not address a deficiency an individual may have.

DR. BAKER: No, it is most important to understand that the elderly will not absorb vitamins as well as the younger population. That is the first premise. Two, merely giving one vitamin a day will not give these patients sufficient vitamins to go on with their life style.

MR. HATTON: It has to be by intramuscular injection?

DR. BAKER: We prefer the intramuscular because we by-pass the small intestine; we by-pass any malabsorptive mechanisms. So, we prefer to do it that way. Not only that, but it immediately gives the blood a bolus of the vitamin, which is then immediately picked up by the tissue. As I say, the liver is the main storehouse of these vitamins, and the liver has to be saturated so that when the body needs

the vitamins, it can call upon the liver and say, "Hey, I need you to come down to my kidney because my kidney is not functioning well," or etc., etc. It works on that basis. We know, for example, that in aging rats, this same phenomenon, indeed, does take place. They cannot utilize food as a source of folic acid; we have shown that. That has been published in our literature, as well as all of the material I showed you.

From a cost-factor standpoint, this is essentially a much better way of introducing vitamins, at least to keep the patient in proper vitamin nutriture, which is the important aspect. Many of these elderly, as I say, are suffering from subclinical deficiency, but physicians do not recognize this unless they do laboratory tests.

MR. GROVE: Dom?

MR. RITARDI: I was just wondering, Doctor, if the intramuscular injections are medically recognized by the medical community as a whole, or is this something new?

DR. BAKER: Intramuscular vitamins are being given by the medical community all the time. Not only that, but many patients who do not have any bowel, for example, are given vitamins intramuscularly or intervenously. Those are the best sources to at least give them the vitamin nutriture they need. Patients who have cancer, for example, when they are given total parenteral nutrition, in other words, all the fats, carbohydrates, etc., and vitamins, get it intervenously.

MR. GROVE: Emma?

MS. DAVIS-KOVACS: How frequently do the dosages have to be administered? Have you determined that?

DR. BAKER: We have determined, for example as we did in this study, that three months is a good time to go ahead and start the vitamins again. If we leave these patients alone without giving them the vitamins, three months, six months, nine months, or a year later, they begin to go down again. So, we found that the peak level is basically three months. Once every three months is quite sufficient to keep them in proper nutriture, keeping in mind that we are by-passing the small bowel now.

MR. GROVE: Is this covered under any of the services provided by the Federal government, State government, or county in any way, or is this something that the recipient has to pay for?

DR. BAKER: Do you mean as far as getting these vitamins is concerned?

MR. GROVE: Yes, buying the vitamins and having them administered.

DR. BAKER: Well, the physician has to administer them. Anything that is intramuscular must be administered by a physician, or in a clinic.

MR. GROVE: Would that be covered by Medicaid?

DR. BAKER: It should be.

MR. GROVE: And, what about the vitamins themselves?

DR. BAKER: The vitamins themselves should be covered. That is part of the therapeutic program.

MR. GROVE: Okay. Do you know that, or are you just saying it should be?

DR. BAKER: Oh, I know that in our institution when people come into the clinic and they need vitamins, they are given them intramuscularly if necessary.

MR. GROVE: Okay, thank you. Are there any other questions? (negative response) Thank you very much for a fine presentation. (applause)

We would now like to call Pepe DiStefano and Benjamin Pabon, both at the same time. We welcome you, and we would like to hear what you have to share with us, the members of the Subcommittee of the New Jersey Commission on Hunger. We would like you to give us your name, spell your name, tell us who you represent, and then speak to us for 10 minutes.

PEPE DiSTEFANO: How would you like the translation, by the sentence or by the paragraph?

MR. GROVE: It's up to you; do it comfortably, whether by sentence or by paragraph, whichever works best for you. At the end of 10 minutes, we would like to have the opportunity to ask questions, if that is appropriate. What would be your choice, sentence or paragraph?

MR. DiSTEFANO: We are going to translate each sentence.

MR. GROVE: Thank you. Please begin.

BENJAMIN PABON (through interpreter, Pepe DiStefano): My name is Benjamin Pabon. I am here on behalf of CATA, the Agricultural Workers' Support Committee in New Jersey. I have been a farm worker for five years. I have had certain experiences on the theme you are discussing here today, the theme of hunger.

Last year, I was a victim. Not only myself, but 15 other workers were in a situation where for three days we were not able to eat anything. It wasn't because there was nowhere to buy food. It was because -- well, wait a minute. (interpreter consults with witness and then continues) What they were paying us was very little.

Another point; this is the second point. When a person is Puerto Rican, he goes into the supermarkets and he sees that they have raised the prices. I am thinking of one of the markets in Hammonton, where from Monday to Friday the prices are the same, but they raise the prices on Friday.

MR. DiSTEFANO: Do you folks want to ask any questions about the particular things Mr. Pabon has been saying, before I get into what I am going to say? I think that might be the best way.

MR. GROVE: Okay. Are there any questions?

MS. SMITH: Is there a special reason that this happens on Friday? Is that when the workers get paid?

MR. PABON (through interpreter, Mr. DiStefano): Number one, it is because the people at the markets don't think of the Puerto Ricans the way they do the farmers and, also, because we get paid on Friday.

MR. JOHNSON: I didn't understand your first comment.

MR. DiSTEFANO: Okay. The first comment was that for the people at the markets, Puerto Ricans are not the same as farmers. What I understand from that is the people in the markets consider the people in the town one way, and they consider the Puerto Ricans another way. For that reason, if they know people have been paid and they are going to come in to purchase something, they charge a different price.

MS. SMITH: Is it limited to certain foods that would be particular to the Puerto Rican diet?

MR. PABON (through interpreter, Mr. DiStefano): This only happens with the foods that are preferred by the Puerto Ricans.

MR. GROVE: Paul?

REV. STAGG: I think he said he went four days without eating, and I think he gave poor pay or lack of pay as the reason. Can he clarify what that was? What was the pay, if any?

MR. PABON (through interpreter, Mr. DiStefano): What we earned was very little because we were working piece rate. We worked approximately 60 hours a week, and we were being paid approximately $60.00 a week for that work. After we had been three days in this situation, some of the people from CATA brought us stuff to eat. Does that make clear what happened? Are there any other details you want to ask about?

MR. GROVE: Do Benjamin and the people he works with understand-- Are they-- I don't even know how to ask this question; let me keep struggling with it. Are they aware of the kinds of programs that are available? Do they qualify for any of the social programs, the welfare programs, food stamps, health care? For instance, there was someone here today from Sa Lantic Medical Center in Hammonton. We asked her some questions about the farm workers. She indicated that they don't even see the workers unless it is a very severe case where one of them comes into the Center. But, there are no routine medical examinations, no routine blood work, no checkups for malnutrition. I know I am rambling on, but are you getting the idea of the question I'm asking?

MR. DiSTEFANO: You're asking, do the farm workers generally know what services are available?

MR. GROVE: And, do they qualify?

MR. DiSTEFANO: And, do they qualify?

MR. GROVE: Yes

(Mr. DiStefano translates questions for Mr. Pabon.)

MR. PABON (through interpreter, Mr. DiStefano): We know that these services are available, but you cannot take a day off from work to go to get these services. Anyone who has family in Puerto Rico cannot lose a day of work to apply for services for which he may be eligible, if he is working at that time.

MR. GROVE: Every day of work is very important.

MR. PABON (through interpreter, Mr. DiStefano): If you have family in Puerto Rico, yes, and I do have family in Puerto Rico. I have a wife and two children. My wife is expecting our third child this week.

MR. GROVE: Are there any other questions?

MR. PABON (through interpreter, Mr. DiStefano): Also, it takes a couple of weeks to get the services once you have applied for them.

MR. DiSTEFANO: I imagine what he is saying is, there would be some paperwork, and some time off from work. It is difficult to do that.

MR. GROVE: Mr. DiStefano, why don't you give us your testimony at this point, and then if there are further questions we want to ask, we can ask the both of you.

MR. DiSTEFANO: Okay. My name is Pepe DiStefano; I also work for CATA, for the Agricultural Workers' Support Committee. In my work I am in labor camps on a several-times-a-week basis and I see a lot of different situations there, and workers who are in a lot of different situations. Some of them are fairly decent situations and some of them are faily bad situations.

We tend to be called in when there are bad situations, so the view we get of things might be a view that is worse than the total picture. At the same time, we have seen enough things to know that there are problems. Rather than fix the blame, I am just going to try to describe some of the problems and some of the kinds of things that happen.

First off, I want to talk about why migrant workers come to New Jersey, specifically from Puerto Rico. I think people are probably familiar with this, but in Puerto Rico there is a high rate of unemployment. The situation has been getting worse. No one wants to leave his wife and his kids, and the place he comes from, and most of these people have wives and kids and have lived in one place all of their lives. Maybe they have a small farm back in Puerto Rico which is not economical to work right now because it has been divided up so many

times that it is maybe down to a couple of acres. Anything you can grow in Puerto Rico, you can grow in the Dominican Republic and pay your workers 20 cents an hour. You can't do that in Puerto Rico because people can't live on that in Puerto Rico.

So, they come to the United States looking for work. You are not going to migrate to the United States unless you really need the money. The majority of these people are pretty serious workers and they are up here to make as much money as they can and then go back to Puerto Rico. If they can also qualify for unemployment benefits, they will do that as a way of living through the winter months when there is very little work. One of the workers works in a Goya factory during the winter. A lot of workers can't get that type of work because there is not a lot of that work around down there. Anyway, that is the situation.

Very often what happens early in the season is that word gets around that there is work before there is actually work. Or, in a year like this one which is dry, you go through slow periods in agriculture and it is difficult for the farmer because, you know, maybe he can't harvest things when he had planned to harvest them, or maybe he loses part of his crop. When the farmer catches a cold, the worker gets pneumonia, okay? You have workers come here expecting work, looking for work in the fields, and it is not here. We had eight men sleeping on the floor of our office the night of June 17. We were not able to get them into a labor camp; we were not able to get them into any kind of a shelter. We had them sleeping with us in our apartments. I can tell you for sure that there are people sleeping, during the weak periods, in cemeteries, by roadsides, and in all kinds of places in South Jersey. I can't tell you the numbers because I don't know the numbers. I don't know if the numbers exist, but people come to us when they need help in situations like that. That is why we see them.

Anyone in that situation is going to have a hard time getting something to eat, I'll guarantee you. So anyway, that is a problem at the beginning of the season; it is a problem at the end of the season; and, it is a problem when there is either a bad harvest or you are in a weak part of the season.

Another problem people have, as Benjamin pointed out-- He was working down in the Hammonton area, so he talked about a market in Hammonton. I have a friend who grew up in Hammonton. His father used to work at the Olivio Market right off of Bellevue Avenue. He tells me that what they do at Olivio's is, every Friday before the workers come in, or Saturday, or whatever day it is that people make purchases in those places, they raise the prices specifically on the Spanish goods, the things the Puerto Rican people tend to eat, whether it is canned fish, whether it is beans, whether it is big sacks of rice, and they raise it sometimes by a considerable margin. The prices are fairly high to begin with because there are a lot of special goods, Italian and Spanish goods, and they raise the prices that much higher.

The way my friend describes it, the workers come in there. Everyone is very friendly, "How are you doing, amigo?" They talk a little bit of Spanish, and then they soak them. Not everyone is in this situation. Some people are able to go to larger markets. There is a cooperative Puerto Rican market in Camden that is interested in opening a branch in Vineland and a branch in Hammonton, so that the workers from the farms will be able to go to those places and pay less money for the food they buy. But here you have a population that is relatively isolated. Unless the farmer or the crew leader takes on an unusual amount of responsibility, very often the workers are going to be taken to a place where they are going to have to pay more money for the same food that anyone else is able to buy in the same market.

There are people who will not take their workers to a medical clinic. They will take the workers instead to their own particular doctor, and it costs a lot more money. So, medical care is sought less often. I think that is the general situation. There are examples of that; they did happen.

There is a problem on some farms where workers are no' able to get to lunch until as late as four o'clock in the afternoon. I know one farm in Rosenhayn where the farmer doesn't give his workers time off for lunch, but he pays them double-time for that hour. That is one way to compensate for that. He himself is ready to work from very early in the morning until 4:00 p.m. without a break for a meal. He is

a very hard-working individual. Of course, he expects his workers to follow the same pattern, but that has been a source of friction on that farm, as you can imagine.

What in my view is the worst problem is that there are a number of farms which we have been in and out of this year where no one is allowed to get off work early to start preparing dinner. Therefore, there are workers who go to bed without eating. In my opinion, that is a fairly serious problem. People are not getting enough to eat, yet they are working very hard hours out there. I know one farmer down in Rosenhayn who says he doesn't really expect much out of a worker who has done over 10 hours a day in the fields. There are farms where people steadily work 14 hours a day in the fields. If on top of that you are not eating the way you should be, you are going to have some problems.

Agriculture is different from any other industry. When you go through a slow time or a down time, it is a lot easier to lay workers off. There are farms, particularly farms in the Vineland area, where people work from March until November or December. It is very steady work; you go back to the same farm. The farmer plants crops in such a way that you are going to be busy all year around. Generally, the workers there are not going to have a problem with hunger. They are going to have money; they are going to be able to eat all year.

There are other farms in the Hammonton area -- I would say there are more farms like this than there are, say, in Vineland -- where the farmer has peak seasons and he only needs workers for a few weeks. You tend to have more workers sleeping on the floor. You tend to have people fed less well. The farm that Benjamin was working on was in Buena Vista Township and the crew leader basically never paid them for a lot of the time they worked. I believe they still have that guy in court right now. They are trying to get a judgment out of him to pay the back wages. That is the reason they didn't have enough money to eat.

Agriculture is different from other industries in those respects. It is sensitive to the weather, as everyone knows. The result of that is that a lot of the burden is borne by the farm

workers, just as a part of the burden of that is borne by the farmer, and part of it by the consumer.

There is also the question of pesticide use and whether or not that gets into the food. I have no hard numbers on that. I know of one instance, and there may be many others, or very few others, where the camp is so small-- There is a camp down near Bridgeton where the workers had to eat outside. The farmer had pesticides applied from an airplane. He had them applied during the dinner hour, and three of the workers were exposed to it. One of them is still in Puerto Rico and is unable to work to this day. This guy also ended up in court. I hope they can resolve that thing without it having to go to trial.

There are not that many children working in the fields in New Jersey, so you don't have to worry much about the problem of infant nutrition, except in those areas where they are illegally working people from other countries. Mexican and Filipino workers cut lettuce. There are people who prefer to work those kinds of workers because they don't think they have to take out unemployment to pay those guys. They tend more often to travel with their families. However, that is not the rule in New Jersey; the rule in New Jersey is that you have single males living and working in the camps.

Another situation you have in some areas like the Swedesboro area, where you don't have a whole lot of farmers who maintain their own camps, is, you have crew leaders. Crew leaders are fairly sharp operators. They are usually people who have had experience as farm workers for a number of years and they kind of set themselves up in the business. They will charge people -- this year the going rate is $50.00 a week -- to live in the camp and to eat the food they provide. Generally they do not provide them with $50.00 worth of food, $50.00 worth of electricity, or $50.00 worth of anything, which is in violation of the law.

As I understand the law -- and I don't know as much about the law as I should -- they are not allowed to charge more than the cost of providing the service. So, there is a great deal of exploitation going on. There are farms where people always eat cold meals because there is no kitchen. The meals are prepared somewhere else and brought to

the farm. I don't know anything at all about the nutritional impact of not having hot meals.

Anyway, these are some of the things we see happening in New Jersey on a fairly daily basis. I'll give you another example. There is a farm right up on Cross Keys Road, right near us, where the farmer expected last week that he would be able to have workers harvesting peaches. But, that changed because it has been dry and the peaches have not been harvestable. A bunch of workers showed up looking for work, but his camp wasn't ready and he didn't have anyplace to put them. So, he gave them $20.00, told them to get some food with it, and to look for work somewhere else. That is the sort of thing that will happen sometimes. Maybe it's a good thing and maybe it's a bad thing, but anyway, these are the sorts of things that are happening.

MR. GROVE: Are there any questions? (negative response) One of my concerns is-- I'm from Central Jersey, and my wife works as an aide in one of the public elementary schools. The children who come with seasonal workers, apparently where there are families--

MR. DiSTEFANO: (interrupting) I did not address that; that is a separate problem.

MR. GROVE: What happens is, a child comes into an educational institution and is there just about long enough to become a participating, learning, actively involved student, and then he is gone. These children tend to show up year after year, apparently because the families come back to the same camp to work. So, the children end up coming year after year. But, each year as they come back, they are further and further behind in their education. My wife really struggles with that because, you know, a child is really not a third-grader when he comes back to be in third grade. He is only about second grade. The next year he is really not a fourth-grader; he is still about second grade because he hasn't gone much further. Is there some way that can be looked at in a creative way?

MR. DiSTEFANO: I would bet that what you are dealing with there are Mexican workers who follow certain crops up and down the Atlantic Coast. They bring their children; they travel in cars; and, sometimes there is a crew leader who will bring a station wagon full

or, occasionally, a bus full of workers. I don't know that there is a whole lot that can be done about that. There is a migrant education program. I don't know too much about it, but it is operating down around Bridgeton. There is a fellow in the Glassboro School System named Mitchner who is involved in that, but I don't know too much about what they do.

What you would have to do is have people settle down somewhere, maybe work in a packing house, or maybe find work on the kind of farm where they could go back year after year for nine months of the year.

MR. GROVE: She also finds a lot of hunger and malnourishment among these children. That bothers her as much as anything because not only is there often a language barrier, but there is also the malnourishment, and so on. It just seems that there is no way to deal with it.

MR. DiSTEFANO: Well, there are a couple of things we have to decide here. A lot of the workers who are doing that and the day-haul workers who are coming in from Philadelphia in buses are working illegally. Now, what are we going to decide about that? We often have a dilemma. In Hammonton, I'm thinking of two camps near Oak Road. One of them has about 30 Puerto Rican workers. The workers consider things there to be pretty good. There is another farm around the corner that has 10 Mexican workers. A number of them are sleeping on the floor. It is a lousy camp. It has bad conditions. What do we do? We don't want to call in immigration; we don't want to have people run out of the country.

On the other hand, the Puerto Rican workers see the Mexicans as a threat to them because if this guy starts letting people sleep on the floor and he is not taking out for unemployment, what is going to happen in the other camps in Hammonton? Okay? The same thing with families who have children, as far as I can see. It is an illegal situation. There are people working without papers; there are people working under the age required for them to work. What are we going to do about them? Are we going to take their livelihood away from them? If you could restructure the agricultural industry so that parents

could earn a decent wage and put their kids in school, we would be somewhere. But people have decided that food is going to have a relatively lower price than it might otherwise have and farm workers are going to take the burden of it. Farmers, too, understand, but farm workers very much take the burden.

When we go into a supermarket to buy food, what we are doing is taking advantage of the fact that we are able to pay farm workers so little that their kids have to work in the fields in a lot of places. It is less the case in this State than it is in a lot of states.

MR. GROVE: Are there any other questions?

MR. JOHNSON: In terms of these camps, you mentioned being out in the field all day, then coming back in, and whoever is in charge of cooking needing some time off beforehand. In these camps, is there usually a person designated to do the cooking?

MR. DiSTEFANO: Again, it depends on the camp. I am thinking of a camp near Route #73 in Winslow Township where there is a problem right now. We have been talking to the farmer about this. The guy who is the crew leader, the one who recruited the workers from Puerto Rico and who transports them to the field every day, isn't doing anything about kitchen provisions. Okay? So, basically, one or another of the workers decides it is his turn to cook that night, and he will cook for 15 people. No one really knows how to cook; the crew leader has not found a cook; and, the farmer hasn't seen fit to do anything about it either.

In a crew-leader camp, usually the crew leader cooks or there is a woman who stays there all the time who cooks. In some situations the workers work it out among themselves. At one farm off on Cross Keys Road -- a different farm than the one I mentioned earlier -- the workers are deciding right now whether they are going to keep on paying $20.00 a week for food among themselves with one of them buying the food and then they will take turns cooking it, or whether they are going to pay $30.00 a week and have one of the workers work a few hours less every day -- an hour or two less -- and be the cook. We think that is a real good situation. The farmer there is willing to accept it if that is what the workers want to do. They worked it out among

themselves. They do not need a crew leader taking more money from them than needs to be taken from them. Now that is a fairly good situation. But usually there is a cook in the camp, someone who is designated as a cook, who is a worker who knows something about cooking, or the crew leader takes care of hiring a cook and charges exorbitant prices.

MR. JOHNSON: Is supplying a cook or at least designating a cook part of the responsibility of the farmer?

MR. DiSTEFANO: What usually happens is, the farmer takes it upon himself to make sure the guys can get to the market once a week. Some farmers take them personally; some farmers lend them a truck or a car to go to the market in the nearest town. Maybe they are taken first to a particular market, for what reason I don't know, but they are able to buy food. Very often the farmer does not take it upon himself to make sure there is a cook. Some farmers are careful to do this because they know when there is a cook and the meals are there, it will be a more peaceful camp. It is going to be easier for him. That makes sense. Some of the farmers basically wash their hands of it and say it is the crew leader's responsibility, or it is the workers' responsibility. They should work it out among themselves who is going to be the cook.

MR. JOHNSON: Is one of the problems in these camps the lack of kitchen facilities, particularly refrigeration?

MR. DiSTEFANO: Generally you will find -- and this is because it is in a Federal law and you can get fined for not having them -- a refrigeration and a range with a certain number of burners. Usually they are old but serviceable. There are violations in a lot of camps; a lot of people have been fined because of them. There are a lot of farms where there is no washing machine. There are farmers who actually allow the workers to use their own washing machines if the ones they gave the workers are down. There are others who do not care. "You guys wash your stuff in the sink and hang it up," or whatever.

There are kitchens that are in good shape; there are kitchens that are in very bad shape. If the kitchens are in bad shape, we have

a couple of choices. If there are at least eight or ten workers on the farm, we can call the Federal inspectors. We find the Federal inspectors relatively conscientious about going to a farm, inspecting what is going on, and, if there really is a problem, doing something about it. If there is not a problem, no problem.

We have a real problem with State inspectors. They deal with smaller farms and with contract workers. They will go into farms, and they will tell the farmer who complained or who sent them, in violation of the law -- not always, but they have done this enough times for it to be a problem. Basically, they will take a pledge to fix everything up as saying everything has been fixed up, and they really do not worry themselves too much about it. I don't know why this is. I have not had much experience with OSHA inspectors, who also have some jurisdiction, so I will not pass judgment on them.

MR. JOHNSON: Regarding State inspectors, when a complaint is made, are they required, in fact, not to reveal who made the complaint?

MR. DiSTEFANO: As I understand it, they are required to go in there and make the inspection, but they are not to say why they are making the inspection. They have to be decent about it. They can't pull a guy out of the field and say, "Hey, show us your camp." Okay? But, they are allowed to go in there and say who they are, who they represent, and that they are there to examine the living quarters.

I don't mind so much if someone goes in and says -- and this happened in the Hammonton area -- "One of your farmers says you have a problem in your camp. We want to check it out to see if everything is all right." But if I was the worker at the camp who had called in, as sometimes happens, to say there was a problem-- If the inspector tells the farmer one of his workers said it, that worker is going to be in trouble. He is not going to have any protection from retaliation, essentially. You know, he could be kicked off. We can try to get the guy reinstated, but where does he go in the meantime? He has to find work somewhere else. Essentially, there is no redress, or at least there is very little redress.

MR. GROVE: Thank you very much. Thank you, Benjamin, for coming also. We appreciate it very much.

MR. DiSTEFANO: Thank you for inviting us here, and good luck with your work.

MR. GROVE: I would like to call Mac Thomas, please. Welcome, Mr. Thomas.

MAC THOMAS: Thank you. As you know, my name is Mac Thomas. I am here to represent the people of Camden County. When you think of poverty, I guess you associate that with not having enough food, inadequate housing, and not having enough clothing, but I think there is a little more to it than just that. I think there are a lot of physical and psychological problems which go along with it; for example, a feeling of inferiority, a feeling of not being as good as everyone else, and a feeling of frustration when not being able to get a job.

The reason I can relate to these problems is because I have experienced a bit of poverty since the age of 10. There were eight people in my family. My father, who used to work for RCA, injured his back and was unable to work. My mother couldn't work because she had to take care of me and my brothers and sisters. Our only alternative was to go on public assistance. I guess in those times -- and even today -- it was considered a taboo to be on welfare because you were considered to be different from everyone else. You were considered not to be as good as everyone else because you were receiving public assistance. I guess I sort of felt different than everyone else because I couldn't afford the things my friends had and because I went to school with shoes that were not as good as theirs. Even with my closest friends I felt uncomfortable because of this.

Besides me having these feelings of inferiority, guilt, and frustration, my father suffered the most because he was supposed to be the provider for the family. He couldn't do anything because of his back problem. He couldn't go out and get a job or anything so I think he felt really frustrated. I guess I dealt with the problem by ignoring it and by concentrating on school. Instead of thinking about where my next meal was coming from or would I have enough food at the end of the month, I worked on writing my name and studying my ABCs. I think my ignoring the problem helped me in school because I had something to look forward to. I had my education to look forward to.

Even if I came home and there wasn't anything to eat, I still had my education to look forward to.

My parents supported me because they thought maybe if they couldn't buy things for me then, maybe in the future I could get them for myself if I had a good education. I did do well in school; I did very well, and I kept getting encouragement from my family. I always said that when I grew up I was going to do really well. I was going to go to college and get a job, and I would be able to buy the things that my family couldn't buy me. It's funny, but after that things got better for the whole family.

My mother was able to get a job. My father was able to set up his own business and make money. About five years later, we were able to move out of our neighborhood. So, in essence, I was pretty lucky to come out of it without any scars. However, there are many young men just like me, who live in my community, who are not as lucky. They do not receive the encouragement that I received, and they continue to suffer. I guess the reason they didn't receive the encouragement I received was because their parents had nothing to look forward to. If they didn't have any work and were receiving public assistance, they had no pride in themselves, so how could they pass it along to their children? The only way children can find hope if they cannot get it from their parents is by going to the streets. They won't find the hope they are looking for in the streets; they'll find things like drugs, violence, crime, and even more poverty.

I guess this is why in my County, Camden County, out of every 1,000 people, 72.5 commit a crime, and 66.4% of those people are juveniles.

MR. GROVE: Mac, would you say that again? Out of every 1,000 -- please give the number again.

MR. THOMAS: Seventy-two point five.

MR. GROVE: Is that 72.5% or people?

MR. THOMAS: People.

MR. GROVE: People, okay.

MR. THOMAS: And, 66.4% of those people are juveniles. I do not believe there is one particular solution to the problem. I think

you can look at this from many different angles. However, I don't believe we can take away the programs we already have. I think we have to add programs, if anything. I think it would be a good idea if we could set up reading programs for illiterate parents or job training programs to instill some hope in them, so they could pass it on to their children. As I said before, I was very lucky to come out of it because I did have encouragement from my family.

I think that if we start right now and work on the problem-- It is not going to be solved overnight, but I think if we work on it right now we can create some changes. I think we can make a difference between someone being out there on the street or being right here in the Governor's School.

MR. GROVE: Thank you very much, Mac. Are there any questions?

MS. SMITH: Were you ever in a position where-- You said that sometimes there wasn't food in the house at all. Did you ever feel when you went to school that it was harder to learn or harder to pay attention because you had not had breakfast, or because you didn't have enough food? Or, didn't it ever get that bad?

MR. THOMAS: It was never that bad, except near the end of the month, the last couple of weeks. We didn't have as much food, or we couldn't get a second helping because it was the end of the month. But, when I did go to school, surprisingly I didn't feel any physical effects from not having food because I guess I had the motivation from my parents to learn. I guess that kept me going throughout the day.

MS. SMITH: A different kind of food?

MR. THOMAS: Yes.

MR. GROVE: Paul?

REV. STAGG: Mac, I think your testimony was remarkable and I certainly admire you for your courage, your imagination, and your feeling for the complexity of the problem. You said there were many aspects to it. There is one question though that concerns me. You said you felt there should be literacy programs -- which is great -- and that there should be job training. Suppose there is job training and then there are no jobs. How would that help the problem?

MR. THOMAS: I think just the fact that you have given the parents some hope. That is the only thing that really matters. They would feel that even though there weren't any jobs out there, they still had the training to go find a job when jobs did come up. So, I think it is more important to instill hope in them, rather than get them jobs.

MR. GROVE: Dom?

MR. RITARDI: Mac, in your opinion, do you think that more government spending in these programs is the answer, or do you think that more involvement and improvement on the local level of the existing programs by those responsible is a better answer? How do you feel about it?

MR. THOMAS: I think for everything you are going to need money. That involves funding and different things like that. But, you're right, you should start at the community level. You should start more programs toward helping families out. However, that would involve a lot of cutbacks on different things, for example, defense spending.

MR. GROVE: Are there any other questions? (negative response) Mac, thank you very much. Your testimony was worth waiting for. (applause) Alice Kelsey? Welcome, Alice.

ALICE E. KELSEY: Thank you. I think if you will take a few seconds to read the paper I have just handed you, it will probably save you some time.

MR. JOHNSON: While we are reading it, Terry, do you think it would be helpful to read it into the record?

MR. GROVE: Excuse me?

MR. JOHNSON: Maybe she ought to read it into the record.

MR. GROVE: I think we can put it into the record without reading it. We will just make it a part of the record. Officially we will let it be noted that there is a fact sheet that has been offered to the Commission by Alice Kelsey, Lunch Break, Red Bank, which we would like to have put into the record as part of her testimony.

Alice, would you like to make a further statement in addition to the fact sheet?

MS. KELSEY: Yes, if I may. First, I would like to thank you very much for holding this hearing. I deeply appreciate it on behalf of all the members of Lunch Break. The concern about hunger is very widespread in our State.

The purpose of Lunch Break is to assist, in an atmosphere of dignity and concern, those members of our community who, for whatever reason, find themselves unable to provide adequately for themselves and for their families.

When I talked to Trenton about this hearing this evening, they said that one of the goals of this particular Commission was to determine a way the State could serve the needs of the local groups which are meeting the needs of the hungry. So, I have given a great deal of thought to that. In the course of the two years we have been in existence, I think that question would be answered depending upon the month you asked it. At this moment I would say if you could give us $175,000, that would definitely meet our present need.

MR. GROVE: I see. Would you write that out please, Jack?

MS. SMITH: Put that in the record.

MS. KELSEY: However, in the beginning I think it would have met our need if we could have contacted an office which would have provided us with information. Now, I don't know if meeting the challenge of having to get the information ourselves was an added incentive to get off the ground, but I think that would have been very, very helpful to us, or one resource center where we could have gone, at least to find other contact people who had had similar experiences.

Our facility is located in Red Bank, which is the next large town from here in Monmouth County. It is not necessarily the poorest part of our County, but two years ago when we came together -- because there were a number of us who felt there was a hunger problem in the County -- the majority of people attending that meeting were from the greater Red Bank area. Therefore, we determined to start to meet that need right in Red Bank. Also, we came from a number of churches. We found that by knocking on the doors of the churches and asking them if they would host us, we were able to find a church in Red Bank that said yes. That church has been blessed. They now have to break down their walls and build a larger church, so we are forced to move.

We have spent perhaps a year or a year and a half looking at other facilities in our immediate area with the thought of purchasing and renovating a building. That simply is not possible. We have to consider that our guests do not have transportation and, therefore, they must walk to our eating facility. So, we must stay in our own neighborhood. We purchased a piece of land where today the bulldozers began to work. We have been raising money. We now have about 25% of our money, but we do need additional funds. I think the State could provide a service to groups like ours with either challenge grants or long-term, low-interest loans, because right now that is what we are going to have to look at, going to a bank and borrowing money.

I think that is about all I have to say, in addition to the information on the fact sheet, except to say that if you know anyone with $175,000, that would meet our immediate need.

MR. GROVE: If you could get that someone to give it to you.

MS. KELSEY: Oh, I'm sure someone will. Churches have been our biggest supporters. We have about 21 churches and synagogues which support us financially.

MR. GROVE: Are there any questions? Leslie?

MS. SMITH: Do you find that as the summer rolls by and children are not getting a school lunch at school that you see a considerable increase in the people who come to eat?

MS. KELSEY: We make provisions for that. In the summertime we have two programs; one is for the children who get a free lunch in school but do not get it in the summer. We run two programs.

MS. SMITH: But, you do see an increase?

MS. KELSEY: Oh, yes, we do. Any time the school is closed and we are open, we see it then too.

MR. GROVE: Dom?

MR. RITARDI: I don't have $175,000, but I have a lot of honey if you can use it. It is still in the warehouses.

MS. KELSEY: We would love to have it. We refuse absolutely nothing, and people have been so good to us. I'll see you later to get the honey. (laughter)

MR. RITARDI: It's a deal.

MR. GROVE: Is that all you wanted to say, Dom?

MR. RITARDI: Yes.

MR. GROVE: Emma?

MS. DAVIS-KOVACS: Have you approached the schools about assisting you in running a summer lunch program? There are State funds available if you can get a public institution, such as a school or the city government, to work with you on that.

MS. KELSEY: We have worked very closely with our local city government and they have been extremely gracious to us. In fact, last summer we used one of the local schools for our program. But, this year, because we are in transition, we are now in a Masonic Lodge. The church we were in is closing, our facility is not open, and we felt that we could not handle two buildings at once. So, we are in one spot.

MS. DAVIS-KOVACS: There is additional funding available if you get the school to work with you.

MS. KELSEY: And, tremendous amounts of paperwork.

MS. DAVIS-KOVACS: I know, but I would like to talk to you about it after the hearing.

MS. KELSEY: All right. Essentially, it is the paperwork. We only have one person who is salaried, and that person is paid through the senior citizen program -- I think it is called Green Thumb -- for four hours a day. While our newsletter goes to 800 people, they are part of our corporation. To be a part of it you have to give time, talent, or money to our organization, which means that we have 800 people who actively, in some way or another, support us, but not to the point where we have anyone doing our paperwork.

MR. GROVE: Maybe she can help you.

MS. KELSEY: Great; I'll see you then.

MR. GROVE: Larry?

MR. HATTON: I can also provide you with some information regarding the State Emergency Food and Shelter Program. There is a State appropriation this year in the amount of $2.85 million which is disbursed to county governments for disbursal to public and private agencies that provide emergency food and shelter. I would be happy to give you some information about that.

MS. KELSEY: I think we have gotten our share of the money that came in last year. I think Monmouth County got $72,000 or $79,000, and we got our share of that. We have been attending the meetings to try to get our share of the money coming down now. But, thank you, any extra help would be great.

MR. GROVE: Why is it I get the feeling we are telling you stuff you already know?

MS. KELSEY: Well, I'm not sure that we do know it, but I want to share what we do know with you. We have really tried to work very hard to use our donors' money wisely. In fact, we were very amazed. When we started out, we thought we were going to have to do all of it ourselves. We expected that our first year's budget would be something in the neighborhood of $12,000. We expected to serve a maximum of 35 people a day. At the end of the first year, we had $12,000 left over and we were serving 100 people a day. So, we were not right either way. It was much of the State funding that suddenly came into existence for us; we just didn't realize it was there. So, if you know of any additional funding, we would be happy to know about it. But, we are aware of the particular program for both shelter and food.

MR. GROVE: Jack?

MR. JOHNSON: I would like to know how many people a day you are serving. I would also like to know who those people are in terms of geography. You mentioned that you don't have transportation. I am a little bit familiar with Red Bank. Is it just a ceremony square block area? Are these people unemployed? What have you found out about these people? Are there additional services you are seeking to offer?

MS. KELSEY: Those are a lot of questions. Maybe I can start with the last one. We have made everyone in Red Bank who provides services aware of our presence there. They have been very, very gracious about coming over to Lunch Break frequently to meet with our guests to try to help them directly. We are not professional people. We do not ask any questions. We always made the assumption that if people were willing to stand on line outside of a church for "X" number

of minutes or hours waiting to eat a free meal in the basement, they had a need, whether that need was a material need or a psychological need. We do not ask questions. The only record we keep is a record of how many meals are served.

MR. JOHNSON: Again, that's about 125 a day.

MS. KELSEY: Well, it varies depending upon the time of the month. The figure I put down in the fact sheet was 25,000 for the year. To break that down it would depend upon whether it was the beginning of the month or the end of the month. As the money runs out at the end of the month, the number of people coming to Lunch Break increases.

MR. JOHNSON: You say people stand in line and wait?

MS. KELSEY: Yes.

MR. JOHNSON: For how long?

MS. KELSEY: Well, I don't know. I haven't done a timing on that. We try to open as close to 11 o'clock as we can. Some people come very early and some people come late. We close about one o'clock, although if someone comes later than that we try to be understanding and say, "Well, this time we understand that you couldn't be here," and we give them something to eat, but we ask that they come on time tomorrow. Again, with volunteers-- The churches each take a day a month; they send four persons a day. Two people come from 10 until 12, and then two more from 11 to one. We have to be conscious of the fact that these people have time commitments too.

MR. JOHNSON: Again, in terms of the area, do you sense perhaps that most of these individuals come from Red Bank?

MS. KELSEY: Yes.

MR. JOHNSON: So, 125 people are from the Red Bank community, which is rather an affluent community here is Monmouth County.

MS. KELSEY: That's right; it makes you wonder about the other parts of the County.

MR. JOHNSON: Okay. I was wondering if the people here in the area have been watching this in the newspaper, in terms of your building. I am intrigued that you cannot find a facility in all of Red Bank to meet your needs. Is it mainly the transportation issue again?

MS. KELSEY: Well, it is really financial too. A number of the buildings we looked at -- by the time we would be able to refurbish them to meet our needs and the needs required to get a license to be a restaurant, which essentially is what we would have to do -- would exceed the cost of purchasing a piece of land and putting up a very simple building.

MR. JOHNSON: With the graciousness of these churches, it concerns me that not one of them could--

MS. KELSEY: (interrupting) Yes, but they haven't. We have asked a number of times. While I think that hunger is a vital issue in New Jersey and in Monmouth County -- even somewhat of a crisis -- I think if we were to talk about shelter, we would be talking about a catastrophe. We have knocked on the doors of our churches for shelter, as well as for hunger. We get a much, much more gracious reception for hunger than we do for shelter. I guess it is a more popular social ill.

MR. JOHNSON: But not popular enough to get you a hall?

MS. KELSEY: No, but maybe to get us $175,000.

MR. JOHNSON: Okay.

MR. GROVE: Are there any further questions?

MR. RITARDI: As a congregate feeding site, where do you get your food? How do you get it? Do you purchase it, or is it donated?

MR. JOHNSON: She's getting some honey from you tonight. (laughter)

MS. KELSEY: When we first started, we approached all of the major supermarkets to make them aware of our existence. We approached all of the gourmet shops; we approached the little stores. We just did a big campaign to let people know we were there. People have been very, very good to us. We purchase whatever we don't have. We try to be very, very careful about nutrition We are conscious of having a balanced meal. So, whatever is not available for us to make a balanced meal, we go out and purchase.

Our Director of Operations, Norma Todd -- who I would recommend that the State hire, except that we cannot afford to lose her because she is such a marvelous person -- does a phenomenal job running

Lunch Break. She is part nutritionist, part psychiatrist, part everything. The people who come to us have more needs than the needs of hunger, which might be needs the State could consider meeting by going to sites they serve. We simply cannot afford to hire all of the auxiliary services the people who come to us need.

MR. GROVE: Thank you.

MR. JOHNSON: I want to particularly thank you too. Again, being from the area, I am aware of your program. I also commend your program, taking a little slice of some of the churches, in terms of being a church person myself. I am intrigued, living in this area, and knowing that Red Bank is one of our more affluent communities, as to what it may well say about other communities we haven't even touched.

MS. KELSEY: I think, too, that we might be just the tip of the iceberg. We were the first food kitchen in Monmouth County to open, and we are the first one to consider building a permanent facility. We know we are not the area most in need. Keansburg, Freehold, and Neptune perhaps have greater needs than we do.

MR. JOHNSON: I also appreciate your sense of hospitality. You say the people are guests at your facility. I was inquiring as a matter of information, but I also appreciate the affirmation you have given that essentially that is just what you are about, hosting a program without getting a lot of needs' assessments. We get around and we are trying, again, to discern a little bit more about who these folks are in terms of the needs and how we may address them.

MS. KELSEY: We meet the need of the people to have a meal; they meet our need to be of service to our fellow human beings. So, the need goes two ways.

MR. GROVE: I am going to break into this social conversation, and let the two of you carry it on at another time. Is Carol Dennik here? (affirmative response) Is Reverend Dudley Sarfaty here? (affirmative response) Father Alfone? (no response) Maria MacPherson?

FROM AUDIENCE: Maria had to go home.

MR. GROVE: She had to go home? Okay. We are going to take

a five-minute break. Please come right back after you have stretched.

(RECESS)

AFTER RECESS

MR. GROVE: We are going to reconvene the hearing now. I would like to state for the record that we have received a piece of written testimony from Maria C. MacPherson. Maria is a social worker. She was to represent both the Child Care Food Program for Family Day Care Providers, which is sponsored by the Monmouth County Board of Social Services, and the Family Day Care Organization of New Jersey. We will enter Maria's written statement into the record and ask that it be made a part of the transcript which will come back to us.

Next, we would like to call Ms. Carol Dennik. Carol?

CAROL DENNIK: My name is Carol Dennik. I am the Nutritionist/Coordinator of the Monmouth County WIC Program. I would like to share my observations of hunger and poverty in Monmouth County with you, the New Jersey Commission on Hunger, and to tell you that much of it exists just a few miles from this very elegant structure.

I would first like to give you a little background about our Program. The Monmouth WIC Program covers 472 square miles of the County, from Allentown in the west, to Highlands in the north, and Manasquan in the south. We concentrate our efforts on the low-income population pockets in the County, the Bay Shore area, Asbury Park, Long Branch, Matawan, Freehold, and Red Bank, which is our home base. The New Jersey State WIC Agency tells us we have a potential WIC eligible population of 7,800 persons. We now enroll approximately 2,500 low-income, at-risk participants. We are 47% white, 42% black, and 1% Hispanic and other ethnic groups. Twenty-five percent of the WIC population are women, 36% are infants, and 39% are children. All of the participants have been screened by our health care professionals and found to be at varying degrees of nutritional risk. Some of the nutritional risks we identify include such health problems as teen-age pregnancy, low birth weight infants, failure to thrive, stunting, obesity, anemia, lead poisoning, and a whole assortment of dietary inadequacies.

I would like to address three of the major problems we encounter. The first is teen-age pregnancy. These young women number about 80 persons of our pregnant WIC population. They are the most vulnerable and are certainly at the highest risk of our entire population. In 1983 in Monmouth County in the 10- to 14-year-old group, there were two births to white teens and 12 births to non-white teens. In the 15- to 19-year-old group, the fertility rate for whites was 16 per 1,000, and for the non-white group it was 60.88 per 1,000. Obviously, we have a serious and well-documented pregnancy problem with our non-white teens.

We in WIC have also found that these teens are more than twice as likely to be anemic as the rest of our pregnant women; however, if you are a black teen, you are at even greater risk from nutritional anemia. For all our teens, black and white, dietary aberrations, the skinny image, exotic fad diets, and their own growing bodies further compromise their own and their unborn children's nutritional status.

To go back to the 1983 statistics, we know that there were 516 births to women ages 15 to 19, and 14 births to women under 15 years of age. The total teen-age birth rate was 8.43% in the County. This number very closely parallels the percentage of pregnant teens in our WIC population. While this is an interesting statistic, we know that the number of pregnant teens in Monmouth County is far greater than the 80 or so we enroll in our Program. I can't help but wonder where the others are and how we can reach them.

The teen-age pregnancy problem often leads to our second serious nutritional and health problem, the problem of low birth weight. It is the teens who produce 11.36% of the low birth weight infants. Twelve of 70 babies born in 1983 weighing less than 1,500 grams were born to teens. But, besides the teens, inadequate prenatal weight gain by pregnant women contributes to the problem. Pregnant women who come late for prenatal care add additional numbers to the low birth weight statistics. To many pregnant women we meet, the unborn infant they carry is somehow an abstraction, not a living being whose health they can affect. Eating right and gaining enough weight is an

unthought of concept. If these woman have very young children, they often sacrifice their own nutrient needs rather than allow the children to go hungry, thereby unknowingly putting their unborns in a highly vulnerable position. They say to us, "Put my children on the WIC Program; I don't need the food for me." We say, "But the baby will certainly need formula when he or she is born." The answer is, "I'll put the baby on the program then." That is a statement that seems to be without logic, but it is all too real to those of us who would presume to be change agents.

The majority of our WIC participants are on public assistance. They go through monthly swings in their ability to nourish themselves and their children. About the third week of each month, their food stamps and money have dwindled. They subsist on soup, Kool-Aid, and other low-nutrient foods until their fortunes turn around again at the beginning of the next month. Sometimes to make it to the first of the month they add extra water to infant formula to stretch it, or they substitute bottles of sugar water for normal feedings. On occasion our office receives frantic calls telling us that their babies have no formula at all. No matter what time of the month, some of these same people tell us they cannot afford to eat properly. They often entirely skip the fruit and vegetable groups and/or the milk group in their diets. The traditional well-balanced diet appears to be nowhere within their grasp or imagination.

The last problem I would like to tell you about is inappropriate growth in our child participant population. Approximately 20% of our WIC children are certified for poor growth patterns, low weight for height, low height for weight, or obesity. At a very early time in their lives, these kids appear to have lost their lifetime potential for maximum physical growth. Poor feeding practices, particularly as infants, often start the pattern. Parental ignorance and/or the inability to read or communicate in English exaccerbates the situation. But, most of all, the lack of financial resources creates an insurmountable barrier to a lifetime potential for full physical and mental growth and health and well-being.

In addition to the growth problem, some of these same kids, along with others in our Program, experience problems with environmental lead poisoning. Their poor nutrition makes the problem worse or makes their recovery painstakingly slow.

I have told you a little about three nutritional problems we see in the Monmouth WIC Program. I know there are hungry people in Monmouth County. The hungry faces I see are many colors, but they are mostly women. They are young and not so young, but they are all poor and struggling to feed their children and infants, often neglecting their own health and physical needs to do so. They live on public assistance and most use food stamps. The WIC Program helps them to some extent. It gets their babies off to a good start with infant formula. The WIC nutritionist gives them a basic knowledge of nutrition principles, but yet they tell us, "I understand what you're telling me, but I can't afford to eat that way."

To make matters worse, these same women are often isolated and overwhelmed by distances and lack of transportation in the County. Some of them also lack education and language skills. Some are new immigrants to a strange country. Where to go for help remains a mystery to most of them. These are the women and children I have come to know, but I can't help but wonder where the other 5,300 out of the 7,800 potential WIC eligible persons are. How can we reach them, and how can we best meet their needs?

I don't think the answer is necessarily to throw a lot of money at the problem, although I must admit that more money would help us to meet the needs of the missing 5,300. Part of the answer, though, could well lie in an effort on the part of State and local governments to help these mostly young, vulnerable persons to understand what is out there to help them, to make the help more easily accessible with less red tape, to establish a resource list of local help available from the private sector, and to make a commitment to ensure resources for the basic nutrient needs for everyone. I think we can accomplish our task if we build on existing governmental structures.

Thank you for your time.

MR. GROVE: Thank you, Carol. Are there any questions?

MR. JOHNSON: You mentioned the 5,300 out of 7,800 people you still have not been able to identify. Are you talking about Monmouth County?

MS. DENNIK: Yes, I'm talking about Monmouth County.

MR. JOHNSON: How is it that those who come to your Program have been identified, and can you learn anything from that?

MS. DENNIK: Basically, those who come to us come to us because of word of mouth from their friends or their relatives. Someone has told them about our Program. The other part of the problem is that in some places we are relatively inaccessible. For example, Allentown, which lots of people do not think of as being in Monmouth County, is really way out in the boonies. Those people have to come to us in Freehold, which is quite a trip. So that knocks off all those people out there who do not drive or, you know, who cannot get someone to bring them to our Program, or to bring them back to Freehold to shop. It is a tremendous problem.

MR. JOHNSON: Do you have any mobile programs?

MS. DENNIK: We move around the County. We are in Asbury Park one day a week, and we move to Freehold, Matawan, all the places I have told you about all during the month, where people come and we certify them for our Program, give them their checks, and so forth.

MR. JOHNSON: Have you thought of any ideas to reach out to more of these folks? You mentioned the need for funds, but specifically how would you use those funds?

MS. DENNIK: I looked at a couple of areas which really concern me. I have only been with the Program a year, so I am looking at my own statistics. When you say 1% Hispanic and you have the whole city of Long Branch and much of Freehold that is Hispanic, you say, "Something is wrong here. I am really not meeting the needs of those people." I have since had posters printed in both English and Spanish which I will take around to the little stores to get them up in the community. We have also hired a bilingual person on our staff, and that should help us to reach those people.

The other problem we see that I believe is even greater than the Hispanic population is the Haitian population in Asbury Park. Now,

you may not know that there are many Haitians in Asbury Park, but there are. These people come to us without language skills, with very little education. Some of them cannot write. So, even having materials printed in French for the Haitian people wouldn't help. I am really concerned about this group. I continue to make pleas for someone to come forth to help us to try to identify ways we can help this group.

MR. JOHNSON: Earlier in the evening we heard testimony from Dr. Morgan, who is a pediatrician. Dr. Morgan has a private practice, as well as working in a clinic. He was very positive about your Program. I wonder, do you find the medical community cooperative, could it be doing more, or what are the problem areas there?

MS. DENNIK: I think the medical community could be a lot more cooperative.

MR. JOHNSON: Examples?

MS. DENNIK: We are really not out to steal the patients of the private physicians, contrary to what they may think. What we could use are a bunch of referrals from them of children who could use our Program. We have done an outreach; in fact, we have done two of them this year since I have been with the Program. We have addressed all of the obstetricians and pediatricians in Monmouth County. We have addressed all those who take Medicaid, and all the other physicians. It really has not increased our population a great deal.

MR. JOHNSON: So, even after you educate them, you sense they are not passing the information on?

MS. DENNIK: They are not paying a whole lot of attention to us. I think there are other things for them to pay attention to, but not us. There is a great need for us to see more people from--

MR. JOHNSON: (interrupting) Could it be they are not serving the constituency that would be eligible for your Program?

MS. DENNIK: Some of that is true, but basically we have found that many of our people who are enrolled in the Program in the Neptune/Asbury Park area go to private physicians.

MR. JOHNSON: What about area hospitals?

MS. DENNIK: We do a lot of work with the Monmouth Medical Center, and some with Jersey Shore Medical Center. We are trying to

get involved with the Freehold Area Hospital, which has just opened a new clinic. Again, it is personnel; I don't have enough personnel to send out to all of these sites. Because of the rural, yet urban nature of our County, it probably makes it more-- If we were Paterson, we would have a lot easier way to spend our money because the poverty is all located centrally, where in Monmouth County we have to go out to those people.

Lead poisoning is another tremendous problem in this County. It affects both children's ability to concentrate lead in their bodies and their ability to recover from the therapy that some of them must go through. We screen all of our WIC kids for lead, so we pick up a number of private-physician children who are exposed to high lead.

MR. GROVE: Paul?

REV. STAGG: This is a question that has to do with your resources to meet the needs. Suppose the 5,000-some people you estimate should come under the WIC Program should show up some day?

MS. DENNIK: We would have a tough time putting all of them on, I must tell you that. I think maybe a couple of thousand were down in Asbury Park today. They really came out of the woodwork. It is really very difficult. We have a minimal staff, mainly because we have to be in so many places. We have to go to the population, rather than the population coming to us. Everyone in Monmouth County knows you can go north and south, but you sure as heck can't go east and west. It is really a difficult thing.

REV. STAGG: So, your funding is really--

MS. DENNIK: (interrupting) Our funding is not adequate--

REV. STAGG: (interrupting) For what you need.

MS. DENNIK: That's right. We have food money; we just don't have enough administrative money to try to meet our needs. The MCOSS Foundation sponsors us. We are a private agency, so we have greater expenses than some of the other WIC Programs. Through a reorganization of MCOSS, we have been able to put it into a foundation situation where we can control the costs and keep them down to just the actual amount of money we need to operate.

MR. JOHNSON: You mentioned that you have food money, but not enough administrative money.

MS. DENNIK: Right.

MR. JOHNSON: Could you explain that?

MS. DENNIK: Okay. The WIC budgeting process separates food money and administrative money. We can move money, for example, from administrative money to food money, but we can't move money from food money to administrative money, because I think we would probably all have large staffs and very few participants. That's probably good. We have very minimal-- This year I actually have $5,400 less to spend than I had last year. Not taking inflation, etc. into account, I am having a tough struggle.

MR. JOHNSON: There are some who would say that many of these programs are top-heavy in administration and are not getting food, or whatever, to the people who are in need. In a sense, though, you're telling us you do not have the ability to even administer the program.

MS. DENNIK: I really do not have the ability to administer this Program the way I should. I am the backup for the professional staff. If one of them is out, I go out in the field. That's okay, but if someone is out for a long term, I end up going out for long periods of time. That takes me away from the planning and the financial management of the Program that I should be there to do.

I have two and a half full-time equivalents in professional staff for 2,500 participants. That isn't a whole lot, and most of them are part-time. I have one who works 30 hours a week, one who works two days a week, one who works three days a week, one who works one day a week, and one who works a part of two days and one whole day. I do this so I can cover all of my sites. My clerical staff is minimal also. We are really being the most efficient and effective that we can be, but it is still tough. It really is.

MR. GROVE: It's amazing.

MR. JOHNSON: Do you know if this is true with other WIC Programs in the State?

MS. DENNIK: As I said, I have only been around for about a year. I would suspect that other WIC Programs within the State may get a little more help from local governments than we do. In fact, I am

thinking very seriously-- If the Freeholders are here, I am coming to see you because I think that some of the responsibility must lie with you.

We serve the entire population of Monmouth County and we just can't keep trying to do what we are doing with the minimal amount of money we have.

MR. JOHNSON: Does the County government contribute to that at this time?

MS. DENNIK: No, it does not, but I intend to ask them to contribute.

MR. JOHNSON: Do they in other counties?

MS. DENNIK: Yes, they do, through their local health departments. In Monmouth County, we have nine health departments. Most other counties have one. There are a lot of jurisdictional things that go along with nine health departments, all the protection of turf stuff, etc.

MR. GROVE: Thank you very much, Carol. (applause) Reverend Dudley Sarfaty, please.

REVEREND DUDLEY SARFATY: Mr. Chairman, members, friends, and faithful stewards from the Office of Legislative Services: I have the honor to have with me tonight the person who has most recently left the Governor's Committee on Children's Services Planning, their Associate Director, Mrs. Carol Kasabach, who is now undertaking public ministry for the churches. She is the Director of the Office of Governmental Ministry for the Lutheran Synod and Adjunct Staff to the New Jersey Council of Churches. She has agreed to take half of my time, if I can say what I have to say in half of my time.

MR. GROVE: Dudley, do me a favor. Look at the microphone in front of you and see if the button is pushed forward toward you to the red.

REVEREND SARFATY: No, it isn't.

MR. GROVE: Now it is.

REVEREND SARFATY: Now it is.

MR. GROVE: That's why we haven't been able to hear you.

REVEREND SARFATY: I don't mind doing a technical job because a technical job is one you can do and know you've done it. What I came here to do is not so easy to be sure about.

MR. GROVE: Please give us your name, spell your name, and tell us who you represent. Then give us your testimony.

REVEREND SARFATY: You know me. I introduced Carol properly and forgot myself. My name is Dudley Sarfaty, Associate General Secretary of the New Jersey Council of Churches.

The reason I asked to come today is because I had the privilege of sitting in on three of your sessions, have been increasingly inspired by them, and have been convinced that more people need to hear what needs to be said. I didn't want this series of hearings to end with formal silence from the Council of Churches, even though you have representation from the Council on your Commission. We wouldn't want it to go past without it being clear that after other religious groups have said how important they thought your work was, that we didn't think it was important enough to even show up to encourage you, pat you on the back, cheer you up, and say when you have your recommendations, we will back you up to the legal limit and to the nonviolent ultimate. That is a big promise, but we will do our best.

The reason Mrs. Kasabach has come today is, she has access to the report that was made public by her group. You have access -- through Larry Hatton, whom I have had the privilege of working with as he is the Chief Staff Consultant for the Governor's Task Force on the Homeless -- to a report that was brought in by Legal Services of New Jersey and updated, taking a modern, contemporary, market-basket view of the costs of a budget for a family of three and a family of one who really have to go out to the shops in New Jersey. It is a fascinating document. I hope you have access to it. There is also a document that Carol is going to make available to you.

If I could be overly optimistic, I would say I have nothing to tell you that you don't already know. I would like to have the privilege, because I care so much about what you are doing, to come home and knock in all the batters, but most of your batters whom I have heard got home on the first hit they got on the ball, and they are not

left on the base wilting until the end of the inning needing to be driven home.

There are two things I would like to mention with respect to the malnutrition of children in New Jersey, and I checked before I sat down. I looked behind me and saw that we now have the honor of being a predominantly white group. New Jersey Nightly News, about six weeks ago, did a study of the delivery facilities in the Trenton area which were accessible to them, and they came up with statistics on the certainty of a minority child born in New Jersey today being so undernourished, not in infancy, but in embryo, that that child will be neurologically handicapped for mental and motor function for life. One of the figures in Carol's report indicates the cost of such a child to society. In inhumane dollar terms, it is something on the order of $350,000 over a lifetime. I am convinced -- and I say this not to depress you, but in the hope that you may turn to it for the strength to run one more lap when you are tired, as your work progresses -- if there were a virus that made that happen to white babies in New Jersey, New Jersey Nightly News could never have broadcast that data without the State turning on its end. But, that hasn't happened, and that is an indication of the difficulty of the task you have before you.

I am going to stop in just a moment and let Carol talk about the report that was made public today. It was great to see the Governor slapping, not his thighs, but his hands while the black kids sang "We Are the World." Whether that is going to make the State governmental machinery do what it needs to do, I don't know, but at least two of us were around when New Jersey's Select Committee on Civil Disorder made its report. It was a marvelously, carefully detailed report that would have guaranteed that New Jersey should have been almost the kingdom of God in terms of intergroup relations. I don't know how many people even have it on their library shelves anymore. It got put aside.

I don't know what you can do, but we will try to help to see that your report doesn't end up turned aside, ignored, or weighted down with technical terms that highly educated white males use, such as cost benefit ratio, and other obscene language I wouldn't want to use in front of you.

With that and my own good wishes, I would like to ask Mrs. Kasabach if she would -- before making you a present of her newly released report -- say a word about it because there is a tremendous amount of overlap. We had a religious staff meeting -- the Impact staff, the Lutheran staff, and the Council staff -- in our office in Trenton today and we realized that there are a lot of nonprofit organizations that have the same concerns we have. The Commission on the Homeless, Carol's group, and your group together ought to be able to rock New Jersey, I hope. And I hope we have informal enough networks -- that are networking enough, as well as being informal -- to do what needs to be done.

Let me just say that when the study was done by Legal Services on what it really costs a small family unit and a single person to live in New Jersey, Paul Stagg was invited to the Engleton Institute. He made a marvelous speech which, unfortunately, he doesn't have a copy of anymore, in which he went to the Federal Constitution and took the phrase "Promoting the general welfare." You can get him to tell you about it when it is not on my time. I went to the New Jersey Constitution trying to do you a similar favor, and I discovered that New Jersey was adopted for the same purposes as mentioned on the sign under the 300-year-old oak tree at the Basking Ridge Presbyterian Church: "Your State is in business to preserve your religious and civil liberties and to help you to pass that on to your children." I am going to give a copy of these to your staff so you can try to weave them as a rationalization for what you do. If that fails, go to Paul Stagg and his speech on the general welfare.

MR. GROVE: Carol, will you please give us your name, spell your name for us, and tell us who you represent. Then speak on. You have about five minutes.

CAROL KASABACH: I thought you were going to tell me 30 seconds.

MR. GROVE: Actually that's true, but we are going to give you five minutes. Dudley promised you half of his time, but he took your half as well.

MS. KASABACH: Fine. My name is Carol Kasabach. I am the Director of the Office of Governmental Ministry in New Jersey.

Formerly I was with the Governor's Committee on Children's Services Planning as their Associate Director.

As Dudley indicated to you, this afternoon we had the honor of presenting our report, "New Jersey's Action Plan for Children," to the Governor. Many of the issues you have been discussing are brought forth in this report. That is why I want to put it into your hands so that you may profit from the research, the findings, the deliberations, and the recommendations that the Governor's Committee has dealt with.

This plan represents the work of more than 100 public officials, service providers, and citizens who participated in the deliberations of the Governor's Committee. The report sets forth the Committee's view of priorities for action on behalf of New Jersey's children, and it focuses on those problems believed to pose the greatest risk of harm to the children of this State. The recommendations represent the findings of a broad range of individuals about what needs to be done to meet the needs of children in an efficient and humane manner.

I just want to point out some of the findings, and then four of the recommendations that I think are probably prime dealing with the Hunger Commission.

Nearly 400,000 New Jersey children are growing up in pronounced poverty at risk of serious nutritional deficiencies and health care problems. There are severe housing shortages in New Jersey, and nearly 14% of the State's population live in substandard housing. New Jersey's infant mortality rate is higher than the national average. An estimated 220,000 preschool children are at high risk of lead poisoning. An estimated 30,000 teen-agers become pregnant each year. In 1982, over 11,000 babies were born to teen-age mothers. An estimated 100,000 impoverished children may not be receiving adequate health care services. An estimated 41,810 New Jersey children suffer from developmental disabilities.

Then we can go on further if we want to look at how people can get out of the hunger syndrome, if you will. The current formula for funding public school education has led to grave disparities in the quality of services among districts with marked deficiencies in the urban school districts.

The Committee's report was quite comprehensive. I think you can see that by some of the findings I laid out. Some of the recommendations the Committee brought forth are: To provide increases in AFDC grants to assure that children will be supported at least at the poverty level; to establish provision for automatic increases in AFDC grants to compensate for inflation; to foster family unity; and, to raise AFDC benefits for two-parent, N-segment families, to the same level as that provided for single-parent families.

Dealing with housing, some of the recommendations are: To establish policies and programs to provide safe, decent, and affordable housing; to foster development of additional housing by provision of financial and technical assistance to community groups, builders, and municipalities; to target MFA mortgage funding to modest-income families; to rehabilitate urban housing stock; to establish rental assistance programs; and, to increase utilization of modular housing.

Dealing with unmet health care needs, besides expanding screening services to test young children for lead poisoning, the Committee recommends establishing comprehensive preventive health care programs for children, including vigorous outreach programs to assure that impoverished children enrolled in Medicaid receive preventive health care services.

It is merely the tip of the iceberg that I have pointed out here. I am pleased and hopeful as I present this report to you that you will take it and see how it does relate. As you know, and as you are finding out through these hearings, hunger is a complex issue.

MR. GROVE: Thank you. Carol, would you like to formally present that to our Commission Chairman, Mr. Johnson? (Ms. Kasabach complies with Mr. Grove's suggestion.)

REVEREND SARFATY: Mr. Chairman, while Carol is presenting that to Jack, I would just like to call your attention-- I have no time to go into solutions, but to balance the State's unemployment insurance, last year farm workers were essentially taken off unemployment insurance. They were grandfathered back in Christmas week of 1984, with barely the opportunity to get filed by the end of the year. We are in the same mess this year, and the legislation may take

us to next Christmas week, with farm workers having no unemployment insurance by the end of the season.

MR. GROVE: Are there questions for either Carol or Dudley?

MR. JOHNSON: Carol, did your Committee also have hearings, and specifically did you deal with some of the nutritional aspects?

MS. KASABACH: As far as hearings go, we did not have hearings because the Committee on Children's Services Planning is an outgrowth of the Commission on Children's Services, which was established before this, and there was a series of hearings at that time. So, we took the recommendations from that Commission and developed implementation plans in this Committee's report. People did raise nutritional concerns at that point.

MR. JOHNSON: You heard the testimony of Carol Dennik from the WIC Monmouth County office. I wonder if you can tell us if those problems are similar kinds of problems that other WIC Programs are having in the State. Can you speak to that as it relates to staff, etc.?

MS. KASABACH: I think if you look in the report, it talks about a comprehensive social service system and delivery of services. It really does address what the woman before us discussed.

MR. JOHNSON: Okay, thank you.

MR. GROVE: We thank both of you for sharing your thoughts with us. Dudley, thank you for allowing Carol to have some of your time.

We have one last person. Is Father Alfone here yet? (negative response) Is Julie Hantman here? (affirmative response) Julie, would you please come forward.

JULIE HANTMAN: My name is Julie Hantman. I am a scholar here at the Governor's School for this month. I am speaking on behalf of the people of New Brunswick. Last summer I worked at a YMCA camp for underprivileged kids in New Brunswick. I was really horrified at the poverty I witnessed in these kids, you know, in the manner they dressed. From the way they acted, I could tell that they had many problems at home. They came from a very impoverished area. What really shocked me was, we fed them breakfast -- we had breakfast and

lunch for them -- and we gave them a little cereal and juice. That is really all that the camp could afford because I believe it was on a grant from the State or the City. The kids were really scrambling for more food. They were always hungry. We fed them lunch of a sandwich and juice, and they were really excited when mealtime came. They were waiting for it all day.

This kind of poverty struck me because I live in Teaneck in Bergen County. I know there is hunger there too, but I never witnessed it firsthand. I just wanted to impress you with the fact that hunger exists. It is very widespread. One child told me that he only had cereal for dinner every night. His parents would just go out, leaving him locked in the apartment alone. He is only six years old.

One other issue I wanted to bring up is, in my intensive course -- I am in a Futurist course here for the month -- we had a speaker the other night, Sister Ryan, who is involved in a nonprofit organization called SHARE. I don't know if you have heard of it -- Self Help and Resource Exchange. Shall I explain it, or do all of you know what it is?

MR. GROVE: Sister Ryan has given testimony before us.

MS. HANTMAN: Oh, she has?

MR. GROVE: Yes, so we have heard about the program.

MS. HANTMAN: Okay. Do you know that they are looking for a warehouse in Newark? They have warehouses in San Diego, Chicago, and Brooklyn, I believe, and there is a desperate need for one in Newark. I just wanted to make that known to you. Perhaps you could communicate that to the Governor and anyone who could possibly help because there are thousands of people waiting who could use a warehouse in that area.

MR. GROVE: Julie, hold on for a moment. Are there any questions?

MR. RITARDI: Are you looking for donated warehousing space?

MS. HANTMAN: Well, they depend mainly on contributions. A donated warehouse would be great. However, if they get contributions from private-sector corporations, they can pay. I think Sister said they are used to paying between $5.00 and $15.00 a square foot. They need 20,000 to 25,000 square feet for a warehouse in the Newark area. Maybe that could be looked into.

MR. GROVE: Are there any other questions? (no response) Julie, thank you for coming at this late hour and sharing your thoughts with us.

MS. HANTMAN: I have a pamphlet if you would like to have it.

MR. GROVE: I believe we received it when Sister was with us before. Thank you.

MS. HART: We have one more person.

DONALD HAMMARY: My name is Donald Hammary; I am from the Asbury Park Westside Community Center. I will try to be brief. I am not really prepared; I just received a phone call about the hearing so I stopped in.

We have a lunch program where we serve anywhere between 100 and 250 persons per day. It depends upon the time of the month. When the welfare checks start to dwindle down about the middle of the month, sometimes we may serve as many as 300 people.

It's amazing to see the way the people line up, not just adults, people who are unemployed, but kids. They fight inside the Center just for a second serving of soup and various other things. I have also witnessed the problem of unemployment here in the shore area. Once you have unemployment problems, you have all kinds of other problems. If you haven't got money, you can't buy good clothes, you can't fix your teeth, you can't pay your rent. There are quite a few families tripled up in small apartments -- three-room apartments -- where there could be 15 or 16 people in that one apartment. They live on top of each other.

What I'm saying is that one problem leads to another. Kids sleep three and four in one bedroom. I'll give you a quick example of how things run. If you get a mother who is not used to handling a large amount of money at one time, when the welfare check comes in, she spends it on everything. By the fifteenth or sixteenth of the month there is nothing left. When the kids come home at night there is nothing to eat. A child will get into bed, maybe with two or three brothers, and one brother sleeps with his elbow in his back all night. He gets up the next morning and there is no breakfast. He goes into the classroom half asleep and grouchy, and the teacher tells him, "Sit

up, boy," or "Hold your head up," or something like that. Unknowingly, he snaps back at the teacher because he is hungry, he is angry, and he is irritable. What happens? He is sent out of the classroom, maybe down to the guidance counselor or the principal. One thing leads to another, and before you know it he is out of school. He is out robbing, selling drugs, writing numbers, anything to get some money so he can support himself and buy food.

You would be surprised if you went into the projects and took surveys. If you asked how many families lived there, some may tell you, but some may not because they could be put out. For various reasons, some people can't get welfare, and there are a lot of proud people who do not want to be on welfare.

The rent around this area is tremendous compared to the salaries the people are getting. With some people, it takes two or three paychecks just to pay the rent. If you have three, four, five kids, you can't make it. Everyone looks at television and they see programs about how everyone has a nice car, a nice house, etc., etc., and when they look around the only things they see are the dog and the cat, and they're hungry, looking up at the table.

Most of the social workers and the agencies-- Again, I am touching on everything. It's not that I'm really kicking, but when social workers come, they don't have time -- the ones who do visit -- to sit because they see a lot of roaches crawling around. People say, "Hey, we're doing bad," and they say, "Well, this is enough money for you." They are not sensitive to the cause.

We have an old saying: "Three months we hurry, and nine months we worry." The three months is the summer. We hurry from job to job on the boardwalks to try to make ends meet. You know how pitiful times are when you see grown men, some who have been to college, or high school graduates, working in a McDonald's trying to support their families.

What I'm saying is, times have gotten so tight that if you live in the area, it is hard for you to get a job on the boardwalk. They would rather get someone from Ohio, Mississippi, or Alabama, because when they come up for a reason, they're stuck here. In other

words, say it is the Fourth of July weekend and you work from, say, seven until five. You're tired and you want to go home. If the person who works on the second shift doesn't come in, the boss will tell you to work overtime. If you say, "I have things to do and I'm tired," he will tell you, "You stay here, or else." If a person is from Alabama or Mississippi, he has no place to go, and he'll stay there. But if a person lives in the area, he'll say, "Hey man, keep your job. Don't kill me." Or, if you work at an ice cream concession and you are from the area, if a friend comes along and you give him a little bit of a larger dip than you would ordinarily, that's profit. Little things like this lead to unemployment. Unemployment leads to hunger, it leads to crime, and all the way down the line.

I don't want to take up too much of your time, but, believe me, in the Asbury Park/Neptune area, it's bad; it's actually bad. A lot of things are not put in the papers. You also have simple things. You have no recreation. Some people figure we do have recreation. You can't have a kid running and playing all day if when he comes home he has nothing to eat. I get so emotional when I think about it. Over the years, I guess I have sat in on about 15 or 16 different conferences, and everyone asks us what the problem is. You tell them, you show them, they see it, the press comes in and takes pictures, and the next thing you know it's, "We're going to investigate," but that is as far as it goes.

I don't know how strong your Commission is or what you plan on doing, but I would volunteer to take you to some of these places, not just talk about it, but show you myself, so you can see for yourselves. We had to cut off the lunch program we had, but we are trying to get funds to reopen it because people are coming every day asking if we have any meals. It is because we didn't have any burglar alarms in the place, and the food and stuff we received from the churches was burglarized. They took the pots, the pans, and all the food. So, we have been out of business for a few months, but we are trying to get ourselves together. We're not just helping the community; we're helping the whole area because not just Asbury Park and Neptune people come, or not just black people, but it is a cross section of everybody. You would be surprised.

I will not take up any more of your time. Again, you can always contact me at 775-5549. I am willing and able to guide you. Thank you. (applause)

MR. GROVE: Thank you, Donald. Would you stay for just a moment and answer questions if there are some from the Commissioners? Questions?

MR. JOHNSON: Don, I would like to get a little bit more of a handle on this. You said you were feeding about 100 to 125 people a day in your lunch program.

MR. HAMMARY: More than that, before the great burglary.

MR. JOHNSON: How long had you had your program going?

MR. HAMMARY: Oh, I'd say close to a year.

MR. JOHNSON: Were most of the people participating in that program from Asbury Park?

MR. HAMMARY: Yes they were, because all of the other agencies-- When people went to the City welfare, regardless of who they were, they were told, "Go to the community center and get a meal." If people went to the Spanish center, they would be sent over to us. If they went to any of the agencies, they were sent over to us. If someone came into town, a drifter who had no money, he would be sent to our center to get a meal. We didn't have any restrictions. All a person had to do was declare that he needed a meal, that he was hungry, and he was fed.

MR. JOHNSON: Did you sense that you had a significant group of deinstitutionalized people there?

MR. HAMMARY: At times, yes. You could tell that some of the people were from the shelter houses.

MR. JOHNSON: Right.

MR. HAMMARY: Some of them were so bad off we had to take the van and run them back to the houses.

MR. GROVE: Are there any other questions? Emma?

MS. DAVIS-KOVACS: You said you were also serving children? Were the children a small part of your program? Was it mostly adults?

MR. HAMMARY: Well, during the summer we had a great many children, but in the winter most of them were in school. The ones who

skipped school would come, or they would find an excuse just to get a meal and then they would go back to school.

MR. GROVE: Don, we are very grateful that someone called you so you could come over to talk to us. We're grateful that you came.

MR. HAMMARY: Thank you.

MR. GROVE: Thank you very much. This concludes today's hearings. We are appreciative of everyone for spending the day with us. We are now in recess.

(HEARING CONCLUDED)

APPENDIX

The Board of Chosen Freeholders
of the County of Monmouth

OFFICE ON AGING
JOAN W. LITWIN
Executive Director

HALL OF RECORDS ANNEX
MAIN STREET
FREEHOLD, NEW JERSEY 07728
(201) 431-7450
(201) 542-8251

MONMOUTH COUNTY NUTRITION PROGRAM

Gloria A. Johannemann, Program Director

Coordinated with Meals on Wheels

A. Description of Meals Service

1. Congregate - Served at a Specific Location

2. Home Delivered - Delivered to Participant

3. Meals on Wheels - Delivered to Homebound Elderly and Disabled - Income requirement

B. Consideration Given to the Population

1. Research on Shelf Meal

2. Expansion into Western Part of County

C. Who are the Hungry

1. Person 60 or over or under 60 disabled Homebound, unable to provide for themselves the necessary nutrition.

2. People are identified through several sources such as personnel, family friends and County Agencies; MCOSS, Protective Services, Office on Aging.

PARTIALLY FUNDED THROUGH A GRANT FROM THE STATE DIVISION ON AGING

FACT SHEET

Lunch Break is an incorporated not-for-profit, non-denominational organization founded in 1983 in response to widespread community concern about the survival of people existing on the economic margins -- families on welfare, deinstitutionalized persons, the unemployed and unemployable, single parents, and, in general, poor and unfortunate people who are not helped by the "safety net." A hot lunch is supplied, Monday through Friday, to adults and children. Over 25,000 meals per year are eaten by our guests. A pantry is maintained. Last summer, we ran a separate children's food program at the River Street School. Clothing is recycled. Homeless people are helped. In cooperation with Project Paul, direct housing aid was furnished. Lunch Break volunteers make referrals to St. Benedict's, as well as hosting there and providing transportation between Holmdel and Red Bank. We have discovered that the number of people served always goes up toward the end of the month as welfare checks run out. We become busier all the time.

Lunch Break operates on an annual budget of approximately $14,000. It is mainly church-supported. Forty-seven churches and synagogues supply voluteers and financial aid. Considerable assistance comes from children's groups such as the Scouts and also from Crop Walk. Food is obtained from food banks and from generous farms, businesses, and individuals. A bi-monthly newsletter is sent to more than eight hundred people.

We must now leave St. Thomas's Episcopal Church because the building is about to undergo extensive alternations. It is impractical to seek an alternate host church because of our location, space, equipment, and time-of-use requirements, and also because of our need for a large storage area. We first sought an unused building on Red Bank's West Side, but discovered that nothing suitable was available.

The Lunch Break Board of Trustees has concluded that an appropriate facility must be erected. We see a continuous need for the many services that we provide. Plans call for a 3,000 square-foot building containing a dining hall, kitchen, restrooms, a mechanical room, an office, and a storage area. The cost, including the lot, construction, and equipment, is estimated at $175,000.

The Nathan J. Williams Craftsman Club (Celestial Lodge #36) has offered us the use of its facilities on West Bergen Avenue for the interim between July 1 when we must leave St. Thomas's and the completion of our own building. Lunch Break has gladly accepted this generous offer.

NEW JERSEY COMMISSION ON HUNGER
MONMOUTH COLLEGE, WEST LONG BRANCH, N.J.
July 10, 1985

FAMILY DAY CARE TESTIMONY

I AM MARIA C. MACPHERSON, I AM A SOCIAL WORKER AND I'M HERE TODAY TO REPRESENT BOTH THE CHILD CARE FOOD PROGRAM FOR FAMILY DAY CARE PROVIDERS WHICH IS SPONSORED BY THE MONMOUTH COUNTY BOARD OF SOCIAL SERVICES AND THE FAMILY DAY CARE ORGANIZATION OF NEW JERSEY.

FAMILY DAY CARE IS THE CARE OF FIVE (5) CHILDREN OR LESS IN A PRIVATE HOME FOR LESS THAN A 24 HOUR DAY. IN NEW JERSEY, IT IS ESTIMATED THAT THERE ARE 30,000 OF THESE PROVIDER HOMES. THIS IS ONLY AN ESTIMATE BECAUSE ONLY A LITTLE MORE THAN 500 OF THESE HOMES ARE REGISTERED WITH A SPONSORING AGENCY SUCH AS THE ONE I REPRESENT.

SPONSORING AGENCIES FROM 20 COUNTIES ARE MEMBERS OF THE FAMILY DAY CARE ORGANIZATION OF NEW JERSEY, WHICH MEETS MONTHLY TO SHARE INFORMATION ABOUT THE OPERATIONS OF OUR FAMILY DAY CARE PROGRAMS.

ONE OF THE AREAS WE SHARE INFORMATION ABOUT IS THE CHILD CARE FOOD PROGRAM. MANY OF US SERVE AS SPONSORING AGENCIES TO THE CHILD CARE FOOD PROGRAM FOR FAMILY DAY CARE PROVIDERS. THIS PROGRAM REIMBURSES OUR PROVIDERS FOR MEALS PREPARED FOR PROGRAM ENROLLED CHILDREN USUALLY AGED 12 AND UNDER. IT ALSO MAKES TRAINING AVAILABLE TO OUR PROVIDER HOMES.

THE STATE OF NEW JERSEY RECEIVES 1.5 MILLION FROM THE U.S. DEPARTMENT OF AGRICULTURE TO BE USED FOR FAMILY DAY CARE HOMES ENROLLED IN THE CHILD CARE FOOD PROGRAM. THE MONEY IS FUNNELLED THROUGH THE NEW JERSEY DEPARTMENT OF EDUCATION'S BUREAU OF CHILD NUTRITION WHO CONTRACTS WITH SPONSORING AGENCIES IN NEW JERSEY WHO IN TURN HAVE CONTRACTED WITH THE DIVISION OF YOUTH AND FAMILY SERVICES (DYFS). THE DYFS CONTRACT GRANTS THE SPONSORING AGENCY THE AUTHORITY TO USE THEIR DYFS STANDARDS WHEN EVALUATING AND APPROVING A PROVIDER HOME. THE STANDARDS DELINEATED IN THE DYFS CONTRACT ARE USED BECAUSE, UNLIKE OTHER STATES, NEW JERSEY HAS NO MANDATED REQUIREMENTS FOR FAMILY DAY CARE.

WHY DON'T WE HAVE STANDARDS? WE ARE WORKING ON THAT! PRESENTLY ASSEMBLY BILL A100/244, A BILL TO REGISTER FAMILY DAY CARE HOMES, IS IN THE APPROPRIATION COMMITTEE. WE COULD USE YOUR HELP IN MOVING THAT ALONG. A BILL SUCH AS A100/244 REQUIRING REGISTRATION OF THESE ESTIMATED 30,000 UNIDENTIFIED AND UNREGULATED HOMES WOULD INCREASE THE NUMBER OF HOMES ELIGIBLE TO PARTICIPATE IN THE CHILD CARE FOOD PROGRAM. NUTRITIONALLY BALANCED MEALS - BREAKFAST, LUNCH, MORNING AND AFTERNOON SNACKS AND OFTEN DINNER - WOULD BE MADE AVAILABLE TO MORE OF THE PRE-SCHOOL AND AFTER-SCHOOL CHILDREN IN NEW JERSEY. THESE HOMES WOULD ALSO RECEIVE TRAINING IN NUTRITION AND FOOD HANDLING, IDENTIFICATION HEALTH AND SAFETY PROCEDURES, OF CHILD ABUSE AND NEGLECT, CHILD DEVELOPMENT AND ACTIVITY PLANNING AND RECORD KEEPING. SUCH TRAINING IS ALREADY BEING OFFERED IN MONMOUTH COUNTY AND WOULD BE ADVANTAGEOUS IN SUPPLYING WORKING PARENTS WITH KNOWLEDGEABLE AND CREATIVE CAREGIVERS, ESPECIALLY IN COMMUNITIES WHERE CHILD CARE

PROGRAMS ARE EITHER FULL OR WILL NOT TAKE INFANTS, TODDLERS, PRE-SCHOOLERS WHO ARE NOT YET POTTY-TRAINED OR PRE-ADOLESCENT AFTER-SCHOOLERS.

I UNDERSTAND THAT CUTS IN NUTRITION ARE BEING PROPOSED AND THAT'S WHY WE ARE HERE TODAY - TO TESTIFY, TO EXPLAIN WHY THESE CUT-BACKS WOULD ADVERSELY AFFECT CHILDREN, THEIR PARENTS AND THEIR CHILD CARE PROGRAMS. ONCE UPON A TIME, A CHILD CARE FOOD PROGRAM PROVIDER COULD CLAIM AND RECEIVE REIMBURSEMENT FOR EVERY MEAL PREPARED AND SERVED TO THE CHILDREN IN HER CARE. ABOUT TWO YEARS AGO, A SNACK AND MEAL WERE ELIMINATED, SO THAT A PROVIDER MAY IN FACT, SERVE FIVE MEALS A DAY BUT ONLY GET REIMBURSED FOR THREE. [redacted] FOR FAMILY DAY CARE PROVIDERS, MOST OF WHOM EARN $1.50 PER HOUR - MUCH LESS IF THE CHILD IS SUBSIDIZED BY TITLE XX OR TITLE IV-A CHILD CARE - THE CURRENT CHILD CARE FOOD PROGRAM SUPPLEMENTS DAY CARE COSTS, NOT SUBSIDIZES IT.

IN ADDITION, A MEANS TEST IS BEING CONSIDERED. THIS TEST WOULD INVOLVE THE COLLECTION OF ELIGIBILITY INFORMATION FROM PARENTS TO DETERMINE WHETHER THE PROVIDER COULD RECEIVE MEAL REIMBURSEMENT FOR THE CHILDREN SHE FEEDS. ONE OF THE ADVANTAGES OF THE CHILD CARE FOOD PROGRAM IS THAT IT PROVIDES NUTRITIONALLY SOUND MEALS TO ALL CHILDREN, REGARDLESS OF INCOME. A MEANS TEST WOULD SINGLE OUT THOSE CHILDREN WHOSE CHILD CARE IS SUBSIDIZED BY TITLE XX OR TITLE IV-A. WORKING PARENTS, WHO ALREADY OPERATE ON A TIGHT SCHEDULE BY JUGGLING WORK, PARENTING AND OTHER HOUSEHOLD RESPONSIBILITIES, WOULD ALSO BE AFFECTED, AND PROVIDERS WHO CURRENTLY DO NOT CHARGE FOR MEALS WOULD

HAVE TO START DOING SO, THUS INCREASING THE PARENTS FINANCIAL BURDEN.

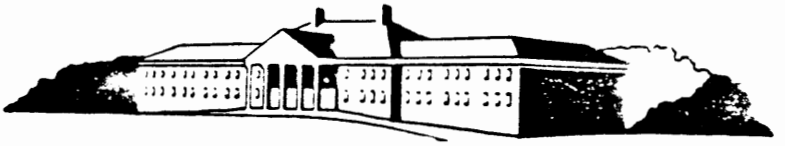
FURTHERMORE, A MEANS TEST WOULD MAKE MORE PAPERWORK, WHICH ALREADY ROBS WORKERS SUCH AS MYSELF, OF VALUABLE TIME TO RECRUIT AND TRAIN PROVIDERS. AT THIS TIME, THE MONMOUTH COUNTY BOARD OF SOCIAL SERVICES IS THE ONLY SPONSORING AGENCY FOR THE CHILD CARE FOOD PROGRAM IN MONMOUTH COUNTY. AT A TIME WHERE CALLS FROM DESPERATE WORKING PARENTS SEEKING CHILD CARE SERVICES COME IN MORE RAPIDLY THAN THOSE OF INTERESTE PROVIDERS, IMPLEMENTATION OF A MEANS TEST WOULD BE A WASTE.

I HAVE NO FIGURES ON HOW MANY OF THE CHILDREN IN THIS STATE ARE HUNGRY AND ARE NOT RECEIVING BALANCED DIETS. BUT I HAVE SEEN THE HAPPY FACES AND HEALTHY BODIES OF THOSE CHILDREN IN OUR PROGRAMS. I HAVE SEEN THE INTEREST OUR PROVIDERS HAVE IN PREPARING A VARIED MENU AND A HOMELIKE ATMOSPHERE FOR THE CHILDREN IN THEIR CARE. AND AS A PARENT OF A GROWING CHILD, I KNOW THAT PARENTS ARE GRATEFUL THAT A PROGRAM SUCH AS THE CHILD CARE FOOD PROGRAM EXISTS TO FACILITATE THE NOURISHMENT AND GROWTH OF THEIR CHILD. CUTBACKS IN NUTRITIONAL PROGRAMS CAN ONLY DEPLETE OUR NATION'S MOST VALUABLE RESOURCE: OUR CHILDREN.

PLEASE SUPPORT US IN FIGHTING THESE CUTBACKS! AND PLEASE ASSIST US IN PASSING BILL A100/244, THE FAMILY DAY CARE REGISTRATION BILL! YOUR SUPPORT WILL HELP FAMILY DAY CARE PROVIDERS BECOME BETTER TRAINED TO MEET THE NEEDS OF OUR GROWING CHILDREN. THANK YOU.

P.S. I HAVE ATTACHED SOME INFORMATION CONCERNING FAMILY DAY CARE STANDARDS AND THE CHILD CARE FOOD PROGRAM FOR YOUR REFERENCE.

MONMOUTH COUNTY BOARD OF SOCIAL SERVICES



PRESENTS

THE CHILD CARE FOOD PROGRAM

What is the Child Care Food Program?

The Child Care Food Program is funded by the Federal and State governments and is designed to encourage good nutrition by providing meals for children receiving child care services in a private home. Meals are available at no separate charge to all children 12 and under, enrolled in the Child Care Food Program and are served without regard to race, color, national origin, handicap or sex. The program provides reimbursement to people who care for children in their homes to help with the cost of food. The program is run by sponsoring organizations in different areas of the state. As of January 1, 1984, the sponsoring organization for family day care homes in Monmouth County is the Monmouth County Board of Social Services.

How can I participate in the Program?

If you are caring for someone else's children in your home, you can apply to participate in the Child Care Food Program through the Monmouth County Board of Social Services. We will make an appointment to come to your home and explain the program. We will interview you and ask you for references and a TB (tuberculosis) Mantoux test. You can have up to five children in your home at one time, counting your own children under six years old. No more than two children can be under two years of age.

What will I get from this Program?

The amount of money reimbursed to you will depend on how many children are enrolled and which meals they receive. For each child each day, the current rate is as follows: Breakfast $0.5475; Lunch or Dinner $1.0750; AM or PM Snack $0.3200. You will be reimbursed for the meals after you have sent us your meal and attendance records for the month and we have reviewed them. The money received from reimbursement for the meals does not have to be reported on your income tax. The most you can get reimbursed for is two meals and a snack for each child each day. (Less for part-time children).

Someone from the Monmouth County Board of Social Services Child Care Food Program will come to your home three times a year to assist you with any questions you may have with the program.

What records will I have to keep?

We will give you all the record keeping forms you need and show you how to fill them out. Every week you will have to keep a record of the food you serve to the children you watch. You will have to serve the right kinds of food according to the meal plans that will be given to you. You also have to keep a record of which children come to your home each day and which meals they have. Every month you will have to send these records to the Child Care Food Program worker, who will review them. A check will be sent to you for the meals you served that month. You will have to let the Child Care Food Program know when you add or drop a child you care for.

What do the parents of the children have to do?

The parents of the children you watch have to sign a form showing that their children are enrolled in your home. The parents will still pay you whatever amount you have agreed on for your child care services. But you cannot ask the parents to pay extra for meals or to bring the children's food.

What about my own children that eat the same meals?

You can get reimbursed for meals for your own children only if you meet certain income requirements. To determine this you will have to tell the Child Care Food Program how much money your family makes and provide the social security number of all adults living with you. If your income is below the limits for the program, you can get reimbursed for your children only when they have meals with the children you watch. If you don't want to give us this information, you don't have to apply for this part of the program.

What if I am not accepted?

If you are not accepted for the program, we will send you a letter explaining the reasons. If you don't understand our decision, please call the Child Care Food Program and we will discuss it with you. If you want to appeal our decision,you have a right to do so. To request a hearing, write to the Fair Hearings, Monmouth County Board of Social Services, P.O. Box 3000, Freehold, New Jersey 07728.

What if I have more questions?

If you have any questions, feel free to call the Child Care Food Program. Inquiries should be directed to: Maria C. MacPherson, Child Care Food Program, Monmouth County Board of Social Services, P.O. Box 3000, Freehold, New Jersey, 07728; Telephone: 431-6317. Our office hours are 8:30 a.m. to 4:30 p.m., Monday through Friday (closed at 4:00 p.m. during the summer months).

Training Requirements for Family Day Care Providers

Alabama: Provider must have or be obtaining training through workshops, readings, etc.

Arizona: Scheduled training sessions are mandatory.

Colorado: Training is offered annually, but not required. Offer manual on child care and public television programs by community colleges.

Florida: Basic training in identification of child abuse and neglect.

Hawaii: Must attend orientation, then must attend program on early childhood education.

Maryland: Must attend orientation session to review guidelines.

Michigan: Twelve hours of in-service training is required.

Minnesota: Twelve hours of training within first year; six hours every year thereafter.

Utah: Twelve hours of in-service per year is required.

W.Virginia: Ten unit enrichment program for providers receiving federal funds; no regulations for private family day care.

Wisconsin: Forty hours of early childhood and 15 hours in-service annually to maintain license.

Wyoming: Demonstrate practical experience, education, or training in care and treatment of children.

CHAPTER 122B

FAMILY DAY CARE STANDARDS

Authority

N.J.S.A. 30:1-1 et seq. and 30:4C-1 et seq.

Source and Effective Date

R.1984 d.428, effective September 10, 1984.
See: 16 N.J.R. 1936(a), 16 N.J.R. 2674(a).

Historical Note

This chapter was recodified from N.J.A.C. 10:122-4 which was filed and became effective September 11, 1979 as R.1979 d.359. See: 10 N.J.R. 539(a), 11 N.J.R. 519(b). Amendments were filed and became effective January 1, 1981 as R.1980 d.314. See: 12 N.J.R. 39(a), 12 N.J.R. 483(d). This chapter was readopted with amendments to become effective September 10, 1984, as R.1984 d.428. See: 16 N.J.R. 1936(a), 16 N.J.R. 2674(a). See subchapter and section levels for further amendments.

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SUBCHAPTER 1. GENERAL PROVISIONS

Executive Order 66(1978) Expiration Date

Pursuant to the requirements and criteria of Executive Order 66(1978), this subchapter expires on September 10, 1989.

10:122B-1.1 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

"Division" means the Division of Youth and Family Services, New Jersey Department of Human Services.

"Family day care" means the care of a child in the home of another family for part of a 24-hour period, provided on a regular basis.

"Parent" means a parent, guardian, or any other person having responsibility for, or custody of, a child.

"Provider" means an individual who offers family day care in his or her home.

"Shall" means a requirement in this chapter.

"Should" means a recommendation.

"Sponsor" means the responsible administrative organization or agency that provides training, monitoring, consultation and supervision to family day care homes, maintains records of activities and has the resources to provide or arrange for supportive services to family day care consumers. The Division may be a sponsor.

As amended, R.1984 d.428, eff. October 1, 1984.
See: 16 N.J.R. 1936(a), 16 N.J.R. 2674(a).
Deleted the definition of "Agency"; inserted definitions for "Division," "Parent" and "Sponsor".

10:122B-1.2 Sponsor requirements

(a) Providers and parents of children in family day care shall be represented on a sponsor's day care advisory committee. Opportunities should be provided for them to participate in policy development for this service.

(b) In accordance with Title IV of the Civil Rights Act of 1964 as amended in 1972 and Title 45, CFR, Part 84, family day care services shall be used and available without discrimination on the basis of race, color, national origin, sex or handicap when those services are provided by family day care programs or providers receiving Federal funds.

As amended, R.1984 d.428, eff. October 1, 1984.
See: 16 N.J.R. 1936(a), 16 N.J.R. 2674(a).
Substituted "sponsor" for "agency"; added "Opportunities should . . . for this service".

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10:122B-1.3 Sponsor responsibilities

(a) Rules for evaluation and supervision of family day care home setting are as follows:

1. Initial evaluation: The sponsor is responsible for the evaluation and approval of family day care homes according to the standards described in N.J.A.C. 10:122B-1.4. Through interviews, references and home visits, the information needed for such an evaluation shall be obtained and made a part of the sponsor's record. A completed evaluation and approval is necessary prior to the placement of any child in the family day care home. Information obtained during the evaluation shall be kept confidential and shall be released only when written permission is granted by the provider.

2. Reevaluation: Approved homes continuously in use shall be reevaluated at least once every 12 months to determine continued compliance with standards described in N.J.A.C. 10:122B-1.4. Approved homes not in use for six or more consecutive months shall be reevaluated by the sponsor prior to placement of children. A written summary of the family day care home's current situation, including a brief assessment of demonstrated child care ability and continued compliance with standards, shall be placed by the sponsor in the provider's record as evidence of a completed reevaluation. The Division may develop an assessment form to be used in addition to/or instead of the Summary. Information obtained during the reevaluation shall be kept confidential and shall be released only when written permission is granted by the provider.

3. Supervision: The sponsor has the responsibility for providing ongoing supervision of the family day care home. Children shall be observed in the family day care home at least three times a year. These observations should be discussed with the provider.

4. Number of children in the home: The sponsor shall determine the maximum number of children for which each home is approved. This maximum shall not exceed the following limits:

i. A day care home shall provide care for no more than five children at a time, regardless of age.

ii. This total shall include the provider's foster children and own children only if they are age five and younger.

iii. No more than two children shall be age 23 months or younger.

5. Agreement: The sponsor shall sign a written agreement with the provider specifying the responsibilities of each in providing a family day care program. The Division shall provide the model for this agreement.

(b) Support functions rules are as follows:

1. Division: The Division in conjunction with the sponsor shall maintain a program which offers the following:

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i. Assessment of the social services needs of the family using day care;

ii. Counselling and guidance concerning the most appropriate day care plan for the child;

iii. Referrals to other agencies when indicated;

iv. Continuous supervision and assessment of the child's adjustment in the family day care home;

v. Maintenance of cooperative relationships with other agencies whose services might be required for the family.

vi. Advocacy on behalf of family if necessary.

vii. When the Division is the sponsor the responsibility for training in nutrition and developmental activities shall reside with Central Office staff. The Division may issue models for required records.

2. Sponsor: Sponsors shall maintain a program which offers the following:

i. Developmental activities: The sponsor shall provide consultation, technical assistance, and supervision of the activities within the family day care home through a sponsor staff member knowledgeable in this area.

ii. Nutrition: Consultation for staff and providers should be available from a qualified nutritionist or food service specialist. This may be obtained through the Child Care Food Program, Extension Services or other community organizations.

iii. Training: The sponsor shall provide or arrange for training opportunities for providers. Training may be offered as part of a one to one supervision process, through group sessions, or through printed materials.

(c) Records shall be maintained in the following manner.

1. Provider records: The sponsor shall maintain records for the family day care provider including the following:

i. Evaluation and reevaluation of the family day care home and provider, including health statements for all family members who have regular contact with the child;

ii. Agreement between sponsor and provider specifying responsibilities of each party;

iii. Records of placements made and terminated.

iv. Records of all training completed.

2. Child records: The sponsor shall maintain records for each child placed in family day care which must include:

i. Social service information, including specifications concerning the case plan;

ii. Information about recent medical and dental examinations and about inoculations the child has received. If a medical examination was

not completed on the child prior to the enrollment in day care, efforts shall be made to encourage and assist parents to obtain this exam. When an exam is not obtained and recorded, the reason for the omission should be recorded;

iii. Additional relevant medical information including specific allergies and other health problems;

iv. Information on contacting parents and obtaining medical care in an emergency.

As amended, R.1984 d 428, eff. October 1, 1984.
See: 16 N.J.R. 1936(a), 16 N.J.R. 2674(a).
Substituted "sponsor" for "agency". Section substantially amended.

10:122B-1.4 Provider requirements

(a) The sponsor shall approve as providers only those persons who are at least 18 years old and who in the sponsor's judgment, are mature, of good character, and have sufficient intelligence, stability, energy and flexibility to care for the children. In addition the following requirements apply:

1. Good character: Members of the household coming into contact with the children shall be of good character. A home will not be approved where the provider or any household member:

i. Has been convicted of, admitted to or shown substantial evidence of child abuse and/or neglect, or other violent crimes.

ii. Uses alcohol or drugs such that the effects are apparent during the hours that children are in care.

2. Physician's statement: Prior to the placement of children, the provider shall present a physician's statement verifying that the provider is in good health, free from chronic and recurrent infectious diseases and physically, emotionally and mentally capable of caring for children. Other members of the household coming into regular contact with the children shall also present a statement that the are free from chronic and recurrent infectious diseases. These statements shall be updated every two years. The sponsor may request a subsequent physician's statement on the provider if it has reason to suspect that there has been a significant change in the physical or mental ability of the provider to care for children.

3. TB Test: A TB Test is required for the provider and other household members who have frequent contact with the children. A Mantoux test is preferred. The TB test shall be repeated every three years.

(b) Rules concerning physical structure of the home are as follows.

1. Inside facilities: Each home shall provide a safe environment for a variety of activities and shall meet the following conditions:

i. Adequate space shall be available for free play, rest, privacy and a range of activities appropriate to the age of the children. At least 50

square feet of floor space per child is recommended excluding closets and bathrooms. There should be some free space available which is clear of furniture and breakable items. An adequate, safe outdoor play area shall be available within walking distance (i.e. a yard or nearby park or playground).

ii. Walls, floors, woodwork, railings, and furnishings shall be reasonably clean, non-hazardous to children's health and clothing, and free from lead paint. Chipping, flaking, or peeling paint shall be tested to determine lead content and meet prevailing state standards. The home shall be free of loose boards, projecting nails, and sharp corners. The walls and floors of rooms used by the children shall be covered with easily cleaned materials.

iii. Medicines, poisons, firearms, cleaning substances, sharp objects and other potentially dangerous articles shall be stored out of reach and inaccessible to children.

iv. Each room used by the children shall have adequate light and ventilation. A flashlight should be available for emergency lighting.

v. Open windows and doors should be screened against insects, with screens securely fastened.

vi. The temperature of rooms shall be maintained as close to 65-70 degrees as possible during the winter. Any heating device shall be adequately vented, protected by guards and clear of combustible materials. Use of kerosene heaters is prohibited.

vii. Both warm and cold running water shall be available. Sturdy steps or stools should be provided to allow small children to reach to basin safely. Each child shall have his/her own towel and washcloth, kept in a sanitary condition, or be provided with disposable towels and washcloths.

viii. Toilets should be easily accessible from the rooms used by the children. For children under three years of age, appropriate toilet seats or potty chairs should be available.

ix. Safe, clean, quiet and comfortable arrangements for naps for young children shall be provided.

x. Areas used by children shall not be infested with insects or rodents.

2. Building standards and outdoor facilities:

i. The building shall comply with local residential building, fire and sanitation laws. At least one smoke detector shall be installed on each floor of the family day care home.

ii. The water supply and sewage disposal shall be acceptable to the local health department.

iii. The building should appear sound in structure and safe for children, for example:

(1) The exterior should be free of broken, cracked or loose boards which might cause harm.

(2) Barriers shall exist to prevent falls if the home has elevated walkways, porches, ramps or play areas.

iv. The outdoor play area shall be safe, for example:

(1) The yard shall be free of rubbish, deep holes, broken glass and pools of water, old refrigerators and any other attractive nuisances.

(2) Sharp tools, fertilizers, fuel oil, kerosene etc. shall be inaccessible to children.

As amended, R.1984 d 428, eff. October 1, 1984.
See: 16 N.J.R. 1936(a), 16 N.J.R. 2674(a).
Section substantially amended.

10:122B-1.5 Provider responsibilities

(a) The family day care provider shall offer on a regular basis child care that promotes emotional, physical and intellectual growth.

(b) An approved family daycare provider shall:

1. Guarantee that each child will be under competent supervision at all times.

2. Provide appropriate and consistent discipline. Examples of appropriate discipline are setting limits related to child's development, explaining house rules and praising desired behavior. Abusive language, humiliating or frightening treatment or punishment is not considered appropriate under any circumstances. Physical punishment is prohibited.

3. Provide each child with individual attention for some period of time each day. Positive physical reinforcement is encouraged.

4. Permit parents to visit the family day care home and view all areas where care will be provided;

5. Share information with natural parents about their child's care and development and work cooperatively with them;

6. Share information and work cooperatively with the supervising agency;

7. Participate in training when adequate transportation and child care arrangements can be made;

8. Seek the cooperation of all household members in carrying out the plan to provide family day care;

9. Safeguard and treat as confidential information concerning children receiving day care in the home.

10. Use an infant car seat, as required by N.J.S.A. 39:3-76.2(a) to 2(b), for a child under the age of 18 months. A child over 18 months or those weighing more than 40 pounds shall be restrained with a child passenger restraint system or a seat belt.

11. Ensure that pets are disease free, have proof of immunization and that they pose no threat to children.

(c) Program rules are as follows:

1. Developmental growth: The family day care provider shall have the ability to deal effectively with children and should provide the following:

i. Planned daily activities appropriate for the age of each child and designed to support growth in emotional, physical and intellectual areas.

ii. Equipment: Play equipment and materials should be provided that are appropriate to the developmental needs, individual interests, and ages of the children. There should be a sufficient amount of play equipment and materials so that there is not excessive competition and long waits.

iii. Play equipment and materials should include items from each of the following 6 categories:

(1) Materials for dramatic role-playing (for example, dress-up clothes, costumes, puppets, housekeeping equipment);

(2) Toys and materials for cognitive development (for example, games, books, puzzles, flash cards);

(3) Toys and materials for visual development (for example, mobiles, film viewers, non-breakable mirrors);

(4) Toys and materials for auditory development (for example, records, record player, musical instruments);

(5) Toys to handle and manipulate and art materials for tactile development (for example, clay, paint, scissors, blocks, sand, water, squeeze toys, stuffed animals, beads, rattles);

(6) Toys and equipment for large muscle development (for example, swings, balls, sports equipment, climbing apparatus, bicycles, tumbling mats, large cardboard boxes, jump ropes).

iv. Toys, play equipment, and any other equipment used by the children shall be of substantial construction and free from rough edges, sharp corners, pinch and crush points, splinters, exposed bolts, and unguarded ladders on slides.

v. Toys and objects with a diameter of less than 2 inches (5 centimeters), objects with removable parts that have a diameter of less than 2 inches (5 centimeters), plastic bags, and styrofoam objects shall not be accessible to children who are still placing objects in their mouths.

2. Health: The health care of the child remains the responsibility of his/her parents unless this responsibility has been legally assumed by other persons or agencies. During the time the child is in the day care home, however, the day care provider is responsible for obtaining emergency treatment and providing routine care. The following requirements apply.

i. Routine observation of the child shall be done by the day care providers, and evidence of illness shall be called to the attention of the parents.

ii. Medication, physical treatments and special diets required for the care of a child shall be given by the day care provider, only on the written order of the parent or a qualified physician. Prescription drugs shall be clearly labeled as prescribed for the individual child and include administrative instructions.

iii. The home shall be equipped with the first aid supplies necessary to treat simple medical emergencies. These should include scissors, gauze, bandaids, adhesive tape, anti-septic and a thermometer.

iv. Provider shall obtain emergency medical care for a family day care child without delay and in a manner consistent with the parents' wishes. Provider shall notify the parents or sponsor promptly when emergency medical care is needed.

v. Provider shall designate a responsible person to assume care of the children if provider is called away in an emergency.

vi. Provider shall keep the emergency numbers of the police, fire department and poison control center near the telephone.

vii. Space shall be available for isolation of the child who becomes ill, to provide him/her with quiet and rest and reduce the risk of contagion to others. Provider shall notify all parents when communicable disease has been introduced into the home.

viii. Provider shall have a workable plan to evacuate children in case of fire or other emergency.

ix. Provider shall wash after each diaper change and diapers shall be disposed of in a closed container.

3. Nutrition: The family day care home shall provide adequate and nutritious meals and snacks prepared in a safe and sanitary manner as follows:

i. The kitchen shall be reasonably clean and well-lighted. Adequate provision shall be made for storage and refrigeration of food, for thorough cleaning of dishes, utensils and silverware, and for sanitary disposal of garbage.

ii. When children are in day care for more than 4 hours, the provider shall serve them food which will provide at least one-third to one-half of the Recommended Daily dietary Allowance in one meal and two snacks. Specifics on the Recommended Daily Dietary Allowance are available from the Division. When children are in family day care longer than ten hours, at least two-thirds of the Recommended Daily Dietary Allowance shall be provided by serving two meals and two snacks. Timing of meals served in the family day care home should be coordinated with meals served by the child's parents.

4. Records: The provider shall maintain the following records for each child in care:

i. Record of attendance and hours of care;

ii. Emergency information on contacting parents and obtaining medical care;

iii. Basic information on the child's allergies, inoculations, past illnesses and special health problems.

iv. Medical release form signed by parents.

As amended, R.1984 d.428, eff. October 1, 1984.
See: 16 N.J.R. 1936(a), 16 N.J.R. 2674(a).
Section substantially amended.

CHILD CARE FOOD PROGRAM
MONMOUTH COUNTY BOARD OF SOCIAL SERVICES
P.O.Box 3000, Freehold, N.J. 07728

FAMILY DAY CARE APPLICATION

(Please print)

Name:_____Date:_____

Address:_____

City:_____Zip:_____Phone:_____

Social Security Number:_____Date of Birth:_____

Ages of children you prefer to care for:_____

Will you accept: Infants?_____Handicapped children?_____

Children receiving welfare?_____

Hours you are available for child care:_____

Are you available for: After-school care?_____Evenings?_____

Overnight?_____Weekends?_____Part-time?_____

Are you willing to provide meals for the children?_____

How many children of your own do you have?_____

Ages of your children:_____

Other persons living in your home:_____

_____

Do you live in a house or apartment?_____How many rooms?_____

Where will the children play? Inside_____Outside_____

What toys or infant equipment do you have?_____

_____

Are you willing to have a Child Care Food Program representative visit your home?_____

Are you now caring for any children other than your own?_____

If yes, how many and what ages?_____

NOTE: You may have up to five (5) children in your home at a time, counting your own children under 6 years old. No more than two (2) of the children can be under the age of 2.

Do you have any illnesses or health problems? (If yes, please explain)

_____

Name and address of your personal physician or clinic. (Please give our medical form to your doctor and have it returned to us as soon as possible.)

_____

_____

Previous work experience including child care: _____

_____

_____

References: Name and address of at least three persons NOT related to you, such as a clergyman, friend, neighbor, employer, or someone whose child you watched.

_____

_____

_____

In the interests of all concerned, we routinely run a police check. Arrests and/or convictions will not automatically disqualify anyone from the program.
Have you or any member of your family ever been arrested and/or convicted of a crime? No_____ Yes_____

If yes, please explain: _____

_____

Directions for reaching your home by automobile (after reaching your town):

_____

_____

_____

Signature: _____ **Date signed:** _____

FOR OFFICE USE ONLY

References sent: _____ **Packet sent:** _____

Received: Police_____ Medical: _____ Personal: _____

Home visit completed: _____ CCFP Training: _____

Referrals: _____

Remarks: _____

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CHILD CARE FOOD PROGRAM
Monmouth County Board of Social Services
P.O.Box 3000, Freehold, N.J.07728

FAMILY DAY CARE HOME EVALUATION

Date of Home Visit _____

Identifying Information

Mother's name _____ SS# _____ DOB _____

Father's name _____ SS# _____ DOB _____

Employed? _____ If yes, where _____

Address _____ Phone( ) _____

Neighborhood

(check one) ___Urban ___Suburban ___Rural

(check one) ___Well-kept ___Adequate ___Deteriorating ___Slum

Home and Property

Type: ___Private home ___Apartment ___Housing development _____Other

List places of interest or value to children within reasonable distance to home. Include museums, parks, etc. _____

_____

_____

_____

Is adequate space available for free play, rest, privacy and a range of activities appropriate to the age of children? ___Yes ___No
Comments: _____

_____

Is an adequate, safe outdoor play area available within walking distance?
___Yes ___No

	YES	NO	N/A
Is the building's exterior free from broken, cracked, or loose boards?	___	___	___
Is the yard free from rubbish?	___	___	___
If there is a swimming pool, is it enclosed with a fence at least 4 feet high?	___	___	___

	YES	NO	N/A
Is the outdoor play area free from old refrigerators, deep holes, pools of water, construction, broken glass, or other outdoor hazards?	___	___	___
Are sharp tools, lawn mowers, fertilizers, insecticides, weed killers, paint removers, fuel oil, kerosene and gasoline stored out of reach of children?	___	___	___
If the home has elevated walkways, porches, ramps, or play areas, are there barriers to prevent falls?	___	___	___
If there are balconies, do they have sturdy barriers at least 36" tall with slats no more than 5" apart?	___	___	___
Are walls and floors in rooms used by children covered with materials which can easily be cleaned?	___	___	
Are the walls and floors clean?	___	___	
Are walls, floors, woodwork, railings and furnishings non-hazardous to children's health and clothes?	___	___	
Is the home free from loose boards, projecting nails, and sharp corners?	___	___	
Are stairs free from loose boards, stair treads, carpets, or other obstacles?	___	___	___
If the stairway is used by the children, is it wide enough for a child and an adult at the same time?	___	___	___
Does the stairway have a handrail?	___	___	___
Is there a gate for the stairs if young children are in the home?	___	___	___

Are walls, floors, woodwork, railings and furnishings in areas available to the children free of chipping, peeling, or flaking paint? ___Yes ___No
A test for a safe lead paint level must be done by the local health department or, if not available, the state health department if
a) there is chipping, peeling or flaking paint, and
b) the building was built before 1950, and
c) the area of the home in question will be used for preschool children.
Comments: _____

_____

Are medicines, poisons, firearms, cleaning substances, sharp objects and other potentially dangerous articles stored out of reach and inaccessible to children? ___Yes ___No

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Also look for ammonia, alcohol, bleaches, detergents, furniture polishes and waxes, lye, cosmetics (including nail polish, hair sprays, hair dyes, waving solutions and other aerosol products) and razor blades to make sure young children cannot reach them.
Comments:_____

_____

	YES	NO	
Do rooms, halls, and stairs used by children have adequate light and ventilation?	___	___	
Is there a flashlight available for use in case of a blackout?	___	___	
Are open windows and doors screened against insects with screens securely fastened?	___	___	
Is the temperature in rooms used by children maintained as close to 65-70 degrees as possible during the winter?	___	___	
Are heating devices adequately vented and protected by guards or inaccessible to children?	___	___	
Are heating devices clear of combustible materials?	___	___	
Are bathrooms free of portable electric heaters?	___	___	
Are both warm and cold running water available?	___	___	
If appropriate, are sturdy steps or stools provided to allow small children to reach the basin safely?	___	___	
Is there an individual washcloth and towel available for each child's use?	___	___	
Are toilets easily accessible from rooms used by the children?	___	___	
If there are children under three, are appropriate toilet seats or potty chairs available?	___	___	
Is there a safe, clean, quiet and comfortable place for naps for young children?	___	___	
Are scissors,gauze, band aids, adhesive tape, first aid cream, and a thermometer available?	___	___	
Is the kitchen well lighted, clean and orderly?	___	___	
Are there adequate provisions for refrigeration and storage of food and utensils?	___	___	
Is garbage disposed of in a sanitary manner?	___	___	
Are the premises free from rodents, vermin, and insects?	___	___	Unk.

	YES	NO	N/A
Are clear class panels used in sliding doors, shower stalls, tub enclosures, storm doors, etc., (in areas utilized by the children) clearly marked to avoid accidental impact?	___	___	___
Are they made of safety glass?	___	___	___
Are matches and lighter fluid stored away from children?	___	___	
Do electrical outlets appear free from overloads and frayed cords?	___	___	
Are outlets free from cords that are not attached to an appliance?	___	___	
Are outlets not in use protected by safety covers to avoid children's probing?	___	___	
Are there any other outstanding safety hazards?	___	___	
Does provider keep emergency numbers of the police, fire department, hospital, and poison control center near the telephone?	___	___	
Does the provider have a workable plan to evacuate children in case of fire or other emergency?	___	___	

Describe: _____

_____

_____

_____

How often is this workable plan practiced?
(Note: Should be once a month) _____

Does provider have a procedure for observing or evaluating each child daily for indications of illness?	___	___	
Does the provider have on file child's parental consent for emergency medical treatment and/or administration of medication?	___	___	
Does provider have an isolated area for a sick child?	___	___	
Will a sick child in such an isolated area still be supervised by a responsible person	___	___	

Others In Home

Name	Age	Relationship	State type of help with children. If none, so indicate.

Does provider care for children other than those enrolled in the Child Care Food Program? If so, describe arrangement._____

_____

_____

Provider Care

List any equipment and developmental materials observed in home or play area_____

_____

Describe methods of discipline used_____

_____

_____

_____

What experience and/or training has the provider had in child growth and development?_____

_____

_____

If the provider has participated in training on child care or related subjects, who sponsored it?

___DYFS sponsored, conducted in a district or regional office
___Run by a community day care organization
___University and/or college
___Other_____

Does provider have anyone available regularly to assist with child care?
___Yes ___No If yes, describe arrangement:_____

_____

_____

Will husband or other adult male in the home have a role in caring for the children? If so, describe:

_____

_____

_____

In case of emergency, who will substitute for the provider?

Name Address Phone

_____

_____

Does home provide care for handicapped children (including natural or foster children?___Yes ____No If yes, How many?_____
Relationship to provider_____
Handicapping condition(s)_____

Is there a warm, homelike atmosphere? Describe:_____

_____

_____

Attitudes of day care mother toward children (include, but do not limit to: Why she wants children; how she handles children; past experiences with children; any limitations observed by worker or expressed by mother).

_____

_____

_____

_____

_____

_____

What help (services, equipment, materials) is needed to enhance the daily program for children placed in this home?_____

_____

_____

_____

_____

Comments____ _____

_____

Medical reports received; give date(s):_____

_____

Medical problems indicated: ___Yes ___No If yes, specify:

_____

_____

_____

Recommendation: Approve home ___Yes ___No If no, specify reason:

_____

_____

_____

_____

_____

_____

For _____children Ages to consider_____

Hours_____ Days_____

_____ _____
date signature of worker

_____ _____
date signature of supervisor

ACTION TAKEN

☐ Approved

☐ Not Approved

State of New Jersey
DEPARTMENT OF EDUCATION
225 WEST STATE STREET
CN 500
TRENTON, NEW JERSEY 08625
DIVISION OF FINANCE
Bureau of Child Nutrition Programs

Responsibilities of Family Day Care Providers

A. A Family Day Care Provider's home must meet Child Care Food Program, Child Care Standards or N.J. State Standards as a satisfactory location for child care services. Child Care Food Program Standards include a current fire/safety inspection and a health/sanitation inspection.

B. A provider must prepare meals that meet the following USDA requirements:

Breakfast	1. Juice or Fruit or Vegetable 2. Bread or Cereal or Bread Alternate 3. Fluid Milk
A.M. Supplement (Select two out of four components)	1. Juice or Fruit or Vegetable 2. Bread or Cereal or Bread Alternate 3. Meat or Meat Alternate 4. Fluid Milk
Lunch	1. Meat or Fish or Poultry or Cheese or Egg or Peanut Butter or Cooked Dry Beans or Peas 2. Juice or Fruit or Vegetable 3. Fruit or Vegetable 4. Bread or Bread Alternate 5. Fluid Milk
P.M. Supplement	Same as A.M. Supplement
Dinner	Same as Lunch

A provider may choose to serve any or all of these meal types each day. However, reimbursement will be available only for three meals with the exception of the breakfast, lunch and dinner combination. Therefore, a provider may be reimbursed for two main meals and one supplement or two supplements and one main meal. The specific amounts of each food varies on the basis of the child's age, but each child must be served each component.

C. A provider must serve meals without discriminating on the basis of race, color, national origin, sex or handicap.

D. A provider must keep menus showing what was served at each meal each day.

E. A provider must keep meal counts showing how many children ate each meal and the total number of meals of each type to be claimed each month. Providers do not have to retain food receipts to justify food costs. The federal government determines the rate of reimbursement to the provider.

F. A provider must keep a current enrollment record of children receiving child care services.

G. A provider must keep daily attendance records separate from meal counts.

H. A provider must send records of enrollment, attendance, menus and meal counts to the sponsoring organization at least once each month in order to receive reimbursement for meals served to enrolled children.

I. A provider, who chooses to claim reimbursement for meals served to her own children when day care children are present, must submit eligibility information and qualify under the free and reduced price meal categories.

J. A provider must participate in training sessions presented periodically by the sponsoring organization.

K. A provider must allow representatives from the sponsoring organization and the Child Care Food Program to come into the Provider's home for the purpose of reviewing the Child Care Food Program operations. This will be done several times a year and normally after making an appointment.

Reimbursement to Family Day Care Providers

A provider is reimbursed for meals actually served to enrolled children at rates per meal type set by the Federal Government. The rates of reimbursement as of July 1, 19~~83~~ 84 are:

Breakfast	$ ~~.5250~~ 0.5475
Supplements	$ .3075 0.3200
Lunch/Dinner	$1.0300 1.0750

If each child is served a breakfast, lunch, and one supplement daily for 20 days of meal service, one month's reimbursement for one child would be ~~$37.25~~ $38.85.

CHILD CARE FOOD PROGRAM MENU

MONMOUTH COUNTY BOARD OF SOCIAL SERVICES

Your Name _____ Week beginning (month/day/year) 5-6-85

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST--List all 3							
Juice or fruit or veg.	Orange	Banana	Pineapple	Banana	Grapefruit	Orange	
Bread or alternate	French Toast	Cheerios	Crackers	Rice Krispies	Toast	Cheerios	
Milk	Milk	Milk	Milk	Milk	Milk	Milk	
AM SNACK--List only 2							
Meat or alternate		HB Eggs	Cheese				
Juice or fruit or veg.	Grapes	Apples	Grapes	Apples	Apples	Apples	
Bread or alternate	Crackers			Crackers	Cheese	Crackers	
Milk							
LUNCH--List all 5							
Meat or alternate	Hot dog	Cheese	Tuna	Turkey	Steak	Luncheon	
Juice or fruit or veg.	Potatoes	Lettuce	Celery	Lettuce	Pineapple	Celery	
Another fruit or veg.	Applesauce	Tomatoes	Apples	Celery	Lettuce	Banana	
Bread or alternate	Roll	Crackers	Wh Bread	Fan Rolls	Crackers	Crackers	
Milk	Milk	Milk	Milk	Milk	Milk	Milk	
PM SNACK--List only 2							
Meat or alternate		HB Eggs	Cheese			Cheese	
Juice or fruit or veg.	Grapes	Apples	Grapes	Apples		Apples	
Bread or alternate	Crackers			Crackers	Delights		
Milk							
DINNER--List all 5							
Meat or alternate	Beef	Liver	Chicken	Pork	Hamburg	Egg	
Juice or fruit or veg.	Broccoli	Peas	Baked Potatoes	Broccoli	Mushrooms	Peas	
Another fruit or veg.	Mashed Potatoes	Carrots	Applesauce	Carrots	Green Beans	Applesauce	
Bread or alternate	Biscuit	Rice	Biscuit	Rice	Pita Bread	Potatoes	
Milk	Milk	Milk	Milk	Milk	Milk	Milk	

MEAT ALTERNATES: cheese, eggs, beans, peanut butter

BREAD ALTERNATES: rice, pasta, crackers, cereal, grits

SUMMARY OF PRIORITY ISSUES AND RECOMMENDED ACTIONS

INTRODUCTION

New Jersey's Action Plan for Children represents the work of more than 100 public officials, service providers and citizens who participated in the deliberations of the Governor's Committee on Children's Services Planning. The report sets forth the Committee's view of priorities for action on behalf of New Jersey children, and it focuses on those problems believed to pose the greatest risk of harm to the children of this state. The recommendations represent the findings of a broad range of individuals about what needs to be done to meet the needs of children in an efficient and humane manner.

This report documents many serious problems affecting the well-being of New Jersey's children, and, as well, it identifies major shortcomings in how services are provided for children and families. Hundreds of thousands of New Jersey's children are at risk today because of problems associated with severe poverty, housing shortages, unmet health care needs, lead poisoning, adolescent pregnancy, deficient educational services, untreated mental illness, drug and alcohol abuse, and troubled family situations which increase the risk of child abuse and neglect. For example, as detailed in Chapter II, the Governor's Committee found that:

- Nearly 400,000 New Jersey children are growing up in pronounced poverty at risk of serious nutritional deficiencies and health care problems.
- There are severe housing shortages in New Jersey, and nearly 14 percent of the state's population live in substandard housing.
- New Jersey's infant mortality rate is higher than the national average.
- An estimated 220,000 preschool children are at high risk of lead poisoning.
- An estimated 30,000 teenagers become pregnant each year; in 1982 alone, over 11,000 babies were born to teenage mothers.
- An estimated 100,000 impoverished children may not be receiving adequate health care services.
- An estimated 41,810 New Jersey children suffer from developmental disabilities.
- The current formula for funding public school education has led to grave disparities in the quality of services among districts, with marked deficiencies in the urban school districts.
- Between 1983 and 1984, rates of reported child abuse rose by 50 percent from 26,398 to 45,000.
- Drug and alcohol abuse is a pervasive problem among the state's young people.
- An estimated 20 to 40 percent of the state's children risk harm from parental drug or alcohol abuse.
- Thousands of children manifest serious emotional problems, and suicide is now the second leading cause of death among New Jersey's adolescents.
- About 90,000 delinquency complaints are filed against young people in New Jersey, and another 11,000 children are referred to the courts because of parent-child conflicts.

Often, the "system" of services fails children by overlooking their critical needs or simply not responding to them in a timely manner. Further, the needs of children are not always represented in the planning process, and resources are not consistently targeted to those children who are most in need of services.

For many children, the picture is bleak because on-going neglect of their basic needs has impaired their potential for healthy growth and development. Most vulnerable are Black and Hispanic children whose families continue to bear the brunt of adverse socio-economic forces.

This report comes at a time, however, when there is strong potential for vigorous action to alleviate many of the most critical problems affecting children. Currently, there is an unprecedented level of activity on behalf of New Jersey's children with all three branches of government and community groups mounting significant initiatives to benefit children; action is even underway to address some of the problems reported here. Accordingly, this plan of action is offered to lend direction for cooperative government and community action to eliminate those problems which continue to seriously jeopardize the well-being of New Jersey's children.

★ ★ ★

Detailed hereafter is a chapter by chapter summary of the priority issues identified by the Governor's Committee and the actions recommended by the Committee.

ARTICLE IX
AMENDMENTS

Method of proposing; ratification and general elections.

ARTICLE X
GENERAL PROVISIONS

State Seal, commissions; when Constitution effective.

ARTICLE XI
SCHEDULE

Legislation to enact necessary laws to make Constitution effective; existing laws, writs and rules and indictments; election of members of 1948 Legislature and subsequent years; apportionment of seats; governor elected 1949 and every fourth subsequent year.

CONSTITUTION of the STATE of NEW JERSEY

(Including all amendments through December, 1984)

A CONSTITUTION agreed upon by the delegates of the people of New Jersey, in convention, begun at Rutgers University, the State University of New Jersey, in New Brunswick, on the twelfth day of June, and continued to the tenth day of September, in the year of our Lord one thousand nine hundred and forty-seven.

WE, THE PEOPLE of the State of New Jersey, grateful to almighty God for the civil and religious liberty which He hath so long permitted us to enjoy, and looking to Him for a blessing upon our endeavors to secure and transmit the same unimpaired to succeeding generations, do ordain and establish this CONSTITUTION.

ARTICLE I
RIGHTS AND PRIVILEGES

1. All persons are by nature free and independent, and certain natural and unalienable rights, among which are those of enjoying and defending life and liberty, of acquiring, possessing, and protecting property, and of pursuing and obtaining safety and happiness.

2. All political power is inherent in the people. Government is instituted for the protection, security, and benefit of the people, and they have the right at all times to alter or reform the same, whenever the public good may require it.

3. No person shall be deprived of the inestimable privilege of worshipping Almighty God in a manner agreeable to the dictates of his own conscience, nor under any pretense whatever be compelled to attend any place of worship contrary to his faith and judgment, nor shall any person be obliged to pay tithes, taxes, or other rates for buliding or repairing any church or churches, place or places of worship, or for the maintenance of any minister or ministry, contrary to what he believes to be right or has deliberately and voluntarily engaged to perform.

4. There shall be no establishment of one religious sect in preference to another, no religious or racial test shall be required as a qualification for any office or public trust.

5. No person shall be denied the enjoyment of any civil or military right, nor be discriminated against in the exercise of any civil or military right, nor be segregated in the militia or in the public schools, because of religious principles, race, color, ancestry or national origin.

6. Every person may freely speak, write and publish his sentiments of all subjects, being responsible for the abuse of that right. No law shall be passed to restrain or abridge the liberty of speech or of the press. In all prosecutions or indictments for libel, the truth may be given in evidence to the jury; and if it shall appear to the jury that the matter charged as libelous is true, and was published with good motives and for justifiable ends, the party shall be acquitted; and the jury shall have the right to determine the law and the fact.

7. The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrant shall issue except upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched and the papers and things to be seized.

8. No person shall be held to answer for a criminal offense, unless on the presentment or indictment of a grand jury, except in cases of impeachment, or in cases now prosecuted without indictment, or arising in the army or navy or in the militia, when in actual service in time of war or public danger.

9. The right of trial by jury shall remain inviolate, but the Legislature may authorize the trial of civil causes by a jury of six persons. The Legislature may provide that in any civil cause a verdict rendered by

CONSTITUTION

PREAMBLE

WE THE PEOPLE of the United States, in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution for the United States of America.

ARTICLE I

Section I

LEGISLATIVE POWERS

All legislative powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.

Section II

HOUSE OF REPRESENTATIVES

1. The house of representatives shall be composed of members chosen every second year by the people of the several States, and the electors in each State shall have the qualifications requisite for electors of the most numerous branch of the State Legislature.

MEMBERS' QUALIFICATIONS

2. No person shall be a representative who shall not have attained to the age of twenty-five years, and been seven years a citizen of the United States, and who shall not, when elected, be an inhabitant of that State in which he shall be chosen.

RULE OF APPORTIONING REPRESENTATIVES AND DIRECT TAXES

3. Representatives and direct taxes shall be apportioned among the several States which may be included within this Union, according to their respective numbers, which shall be determined by adding to the whole number of free persons, including those bound to service for a term of years, and excluding Indians not taxed, three fifths of all other persons. The actual enumeration shall be made within

State of New Jersey
GOVERNOR'S COMMITTEE ON CHILDREN'S SERVICES PLANNING
105 WEST STATE STREET
CN-700
TRENTON, NEW JERSEY 08625
609-292-1343

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Joseph Rodriguez, Esq.
Commissioner
Marcia Richman, Esq.

NEW JERSEY'S ACTION PLAN FOR CHILDREN

SYNOPSIS OF PRIORITY ISSUES AND RECOMMENDATIONS

CHILDREN IN POVERTY

1 * • Provide increases in the **AFDC grant** to assure that children will be supported **at least at the poverty level.**

2 * • Establish provision for automatic **increases** in AFDC grants to **compensate for inflation.**

• To **foster family unity,** raise AFDC benefits for two-parent (N-segment) families to the same level as that provided for single parent families.

HOUSING NEEDS

3 * • Establish policies and programs to **provide safe, decent and affordable housing.** Foster development of additional housing by: provision of **financial and technical assistance** to community groups, builders, and municipalities; **targeting of MFA mortgage funding** to modest-income families; **rehabilitation of** urban housing stock; establishing **rental assistance** programs; and increased utilization of **modular housing.**

• Designate a single entity to **provide oversight and coordination** of all state housing-related programs.

• Establish **special Governor's Task Force** to provide leadership **for a cooperative effort** among business, the housing industry, and government to identify methods of meeting the state's housing needs.

• **Amend existing statutes to prohibit discrimination** in the rental and sale of all housing on the basis of parental status, marital status, legitimate source of income, and age or number of children.

UNMET HEALTH CARE NEEDS

• Expand **screening** services to test young children for **lead poisoning.**

4. • Establish **comprehensive preventive health care** programs for children, including **vigorous outreach program** to assure that impoverished children enrolled in Medicaid receive preventive health care services.

- Establish **Medically Needy program** to provide Medicaid coverage to impoverished children and pregnant women.
- Evaluate **Medicaid rates of reimbursement** for physicians, and re-adjust the rates to the extent necessary to assure that physicians receive a reasonable fee for services.
- Establish **Inter-departmental Committee on the Health Status** of children to assess needs, and coordinate the different state resources for child health care.

DEFICIENCIES IN EDUCATIONAL SERVICES

- Establish **Blue-Ribbon Commission** of experts to prepare recommendations for revisions in the State's current system **for financing public education.**
- Implement **guidelines, training services, alternative programs and state monitoring to reduce the rate of school suspension.** In cooperation with the Advisory Commission on Hispanic Affairs and/or the Advisory Committee on Hispanic Affairs, conduct a survey to **examine the problem of under-enrollment of school-age Hispanic** children and **develop outreach program** to increase the level of enrollment.
- Provide sufficient funding to **meet the educational needs of children in state facilities** and to assure that they are provided with the same quality of services given other children.
- Mandate and provide **educational programs for children in temporary county residential facilities.**

SOCIAL SERVICES

- Continue and expand efforts to **unify services** at the local level.
- Initiate **pilot program** in one or more counties to test **the effectiveness of combining the services now** administered by the county welfare agencies and the Division of Youth & Family Services into a single system.
- Place increased emphasis on developing **co-location projects** which bring different agencies to work together at the same physical site, and **multi-disciplinary teams** of professionals to jointly plan services for children and families.
- Provide sufficient funding for DHS to fully implement its plan for the development of **additional preventive and community-based services.**
- Improve the quality of **services for Black and Hispanic families.**

CHILD CARE SERVICES

- Conduct comprehensive **needs assessment** and develop a plan for implementing **additional services**, using **innovative approaches** such as expanded use of local schools, neighborhood centers/agencies and volunteer organizations.
- Establish **centralized referral and information system** to provide information on available services and to provide technical assistance for child care agencies and groups interested in developing programs.
- Promote **development of employer-sponsored child care** services.

COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT FOR DISADVANTAGED CHILDREN

- Establish **state-sponsored early childhood development program** for disadvantaged pre-school children to provide them with a full range of educational, health care, and social services.

EARLY INTERVENTION FOR HANDICAPPED CHILDREN

- **Expand current network** of early intervention programs **to provide remedial services** to young children who have handicaps which may impede their ability to function in a school setting.
- Improve existing services by **expanding outreach efforts,** assuring **transportation** services for eligible children, **including physicians on** the core team, and increasing the **pool of available professionals.**
- Conduct **in-depth study of the "at-risk infant population** and identify factors which contribute to placing children at risk of developmental delay.
- **Examine feasibility of expanding eligibility criteria** to include infants and children at risk because of environmental factors.

MENTAL HEALTH SERVICES

- Require counties to place additional **emphasis on planning community services** for troubled children and youth.
- Establish **additional partial care programs** for emotionally disturbed children at risk of institutionalization.
- Establish **pilot project of specialized services for severely disturbed juvenile offenders.**

PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

- Establish **statewide policy** providing for a broad-based, coordinated effort **to prevent substance abuse, and treat affected children and families.**
- Implement **statewide prevention effort** including **school-based** prevention education and student assistance programs.
- Implement **public education program** to **train parents** to recognize patterns of substance abuse, inform the public of the effects of parental substance abuse, and **inform the public of the risk/effects of Fetal Alcohol Syndrome.**
- **Establish a continuum of services** to include: out-patient treatment, residential care, after care, transitional living facilities, and host homes for youth who cannot return to their own homes after completing treatment.
- Implement statewide plan for the early **identification and treatment of children at risk of Fetal Alcohol Syndrome.**

SERVICES FOR TROUBLED CHILDREN, YOUTH & FAMILIES IN THE CONTEXT OF THE FAMILY COURT

- Establish policy of **maximum prevention in least intrusive manner.**
- Provide state funds to develop **new community-based services.**
- **Establish and fund Youth Services Commissions in every county** to annually assess youth needs, and plan and coordinate needed services.
- Maintain **permanent state-level mechanism** to address planning and coordination issues related to the Juvenile Justice system and the Family Court.
- **Expand range of cost-effective alternatives to institutions** for juvenile offenders.
- **Conduct review of current policies and practices concerning the use of isolation** and **solitary confinement** in institutions for juveniles.

STATEWIDE PLANNING & COORDINATION OR SERVICES FOR CHILDREN

- **Establish permanent Governor's Commission for Children and Youth to assess children's needs, serve as a neutral voice** for children in the overall state planning process, facilitate inter-departmental **coordination of services,** and **promote community involvement** in providing preventive services for children and youth.