

Commentary on Conflict of Interest in the WIC program

By Ted Greiner

In 1974, I did an internship with a public health nutritionist in Silver Springs, MD, a suburb of Washington DC. Another intern and I were tasked with writing a proposal for Montgomery County's first grant for WIC, what is now called the Special Supplemental Nutrition Program for Women, Infants, and Children. We learned that WIC had recently completed a pilot trial and at that time was about to die in Congress when the infant formula industry lobbied successfully to have it continued. Their health argument was that low-income American mothers were feeding their infants products inferior to infant formula, leading to high risks for a number of health problems. The major concern, probably because it was easy to measure, was iron deficiency. We were able to document that indeed this was a public health problem in our county and our proposal was successful.

The formula industry's business argument was that the practice of making formula at home by diluting evaporated milk (not condensed milk--which is too high in sugar) and adding a carbohydrate source was too well established among low-income Americans for formula advertising and promotion to have much impact in increasing sales of commercial infant formulas, some of which at that time included iron. They saw no way to break into that low-income market without the taxpayers footing the bill. (As always, companies and their well-heeled managers, nearly always conservatives in favor of small government, suddenly turn into "socialists" any time an opportunity for taxpayer largesse comes THEIR way.)

This is the early history behind close to half a century of WIC. As George Kent writes, in his paper Conflict of Interest in the WIC Program:

"WIC purchases account for more than half of domestic infant formula sales in the U.S. (Center on Budget and Policy Priorities 2017). The program serves close to half the infants in the United States. It provides food and health services for children up to the age of five, but formula is provided only to infants, up to one year of age. More than 90 percent of the infants in the program get some formula from WIC."

Mothers can choose to exclusively or partially breastfeed or solely formula feed; in this latter case, WIC supplies all or nearly all the formula the baby needs at no cost to their families. George Kent discusses this in detail in his article in this issue of World Nutrition.

George calls for a careful phasing out of free formula. I agree and have for years (Greiner 2000, Greiner 2001, Greiner 2012) called for an approach that would have made sense from the outset if the imperative behind the program had been public health and not infant formula company profits. That approach would involve subsidizing the formula to the point where it would be modestly cheaper than home-made evaporated milk formula. Each year the cost of feeding evaporated milk would be monitored and that would inform a decision on how much to charge for the formula. Surveys could monitor how WIC families were actually dealing with this change. This would achieve WIC's public health goal, serving as a disincentive to use evaporated milk for infant feeding and to indirectly encourage

breastfeeding. It would also remove the incentive to accept the formula from WIC, sell it, and make some profit above what it would cost to feed the baby with evaporated milk.

Making formula cost something also brings back a major incentive to breast feed among lower income families in the rest of the world that WIC has currently eliminated in the USA: saving money. Of course, that does not mean breastfeeding is free. It has a time costs and a cost in extra food for the mother. But even taking the value of the mother's time into account (valuing her time according to a typical wage women earned in that time and place), detailed research years ago showed that breastfeeding saves money (Almroth and Greiner 1979).

References

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