

Oral Testimony for Lanre Falusi, MD, FAAP
House Democratic Steering and Policy Committee
“The Failure of Trickle Down Economics in the War on Poverty”
1:00-2:30p.m., HVC-215, Capitol Visitor Center
Washington, D.C.
Thursday, April 14, 2016

Leader Pelosi, co-chairs Congresswoman DeLauro and Congresswoman Edwards, and members of the House Steering and Policy Committee, I am Dr. Lanre Falusi. I am a general pediatrician and Pediatrics Director at CCI Health & Wellness Services, a federally-qualified health center serving a diverse population in the DC metropolitan area. I also have the great pleasure of serving as President of the DC Chapter of the American Academy of Pediatrics, or AAP. On behalf of the AAP, a non-profit professional organization of 64,000 primary care pediatricians and pediatric subspecialists dedicated to the health, safety, and well-being of all children, thank you for inviting me to be here today.

I’m here to add the voice of pediatricians to one of the most significant non-communicable diseases our nation’s children face today: Poverty.

Poverty is in every community – urban, suburban, rural – and children are the poorest members of our society. More than 16 million children in the U.S. – one in five – live in families with incomes below the federal poverty level. Demographics have a profound influence on the likelihood that a family or community will experience poverty or low income. For example, African American, Hispanic, and American Indian/Alaska Native children are 3 times more likely to live in poverty than are white and Asian children.

In my own clinic, I see the effects of poverty every day, from food insecurity to substandard housing conditions. I see children whose mothers skip dinner for themselves so that their children have enough food to eat. I often write letters to landlords because the mold and old carpeting in their apartments make it impossible for my patients to control their asthma and

allergies. And I received a call just last week from a mother whose 8-year-old daughter has started having panic attacks when she finds roaches in her bedroom.

On a population level, research shows that children born into poverty – and who persistently live in poor conditions – are at great risk for a host of health and developmental challenges throughout their lives. Poverty has profound negative effects on infant mortality, immunization rates, nutrition, language and social development. Children living in poverty are also more likely to be exposed to violence and suffer from injury and chronic illnesses.

What's more, the effects of persistent poverty can lead to toxic stress, which alters the way a young child's brain develops. This leads to lower educational attainment and higher rates of crime, teen pregnancy and substance abuse.

Not only is poverty poisoning our children, it is costing our country \$500 billion per year in lost productivity and poor health. But it doesn't have to be that way. We have policies and programs that work, and pediatricians play an important role in helping families access these effective solutions for poverty.

Last month, the AAP published a major policy statement on poverty and child health that recommends pediatricians screen families for basic needs such food, housing, and heat and connect them with community-based resources and programs that address those needs. The statement calls on policymakers to invest in policies and programs we know help lift children out of poverty and improve their health.

Federal anti-poverty and safety net programs, including those that provide health care (and access to health care through Medicaid and CHIP), early education (such as Head Start and Early Head Start), quality child care, affordable housing and home visiting, as well as critical nutrition assistance programs like WIC, SNAP, school meals, and summer feeding programs must be protected and accessible to all families in need. Block granting these programs would

jeopardize their availability to families and put the health and well-being of millions of children at risk. Without these critical supports for families, it's estimated that nearly 1 in 3 children would live in poverty instead of 1 in 5.

Despite poverty being one of the most widespread and persistent health risks facing children today, it is also one of the hardest to detect. Poverty can't be seen on an x-ray. Hunger can't be heard through a stethoscope. And yet, we as pediatricians are now identifying poverty in the exam room. And just like we diagnose medical diseases and prescribe medications, we can identify a family who needs help putting healthy food on the table or safe, stable housing, or support for better parenting, and connect them to programs that can help.

Thank you for holding today's hearing and for inviting me to testify. I look forward to your questions.