

REFRAMING THE SAFETY NET



IMPROVING REFUGEES' ACCESS TO WIC

EMILY MILLER
DR. TIMOTHY TAYLOR



THE CENTER FOR
PUBLIC JUSTICE

Foreword

Conversations about the social safety net are often highly charged and polarized. However, this narrow dialogue misses the larger questions that we as a society have a responsibility to address: How do we define human flourishing? What is the proper role of government and civil society in serving the vulnerable? What is our responsibility as citizens?

These questions served as the inspiration for the **2018 Shared Justice Student-Faculty Research Prize**, which culminated in a series of three reports titled *Reframing Safety Net*. Shared Justice, the Center for Public Justice's initiative for Christian 20- and 30-somethings, launched the Student-Faculty Research Prize to advance Christian scholarship on issues related to the social safety net. The series is designed to inspire and equip Christian college students to make an enduring, normative case for why the social safety net ought to exist.

The reports consider the proper role of government, as well as the unique roles and responsibilities of diverse civil society institutions, including faith-based organizations, churches, and businesses, that together make up the social safety net.

This report is divided into three sections, *Discover*, *Frame*, and *Engage*, and is designed to provide a framework for understanding the issue within a federal, state and local context.

- *Discover* introduces readers to a federal safety net program and the unique challenges and barriers faced in accessing and participating in the program.
- Recognizing that not all of what contributes to human flourishing is government's task, *Frame* articulates the normative Christian principles which support the social safety net, and asks readers to consider the unique responsibilities and contributions of government and civil society institutions.
- *Engage* brings *Discover* and *Frame* to life, telling the stories of families and communities impacted by the issues covered in the report.

The *Reframing the Safety Net* series seeks to offer a compelling vision for how our society can best serve and equip vulnerable individuals and families during their times of need. The two accompanying reports in the series can be found at www.SharedJustice.org/studentresearchprize.

Connecting Refugees with WIC
Miller and Taylor

Reframing the Safety Net: Improving Refugees' Access to WIC

Emily Miller and Dr. Timothy Taylor

DISCOVER

The social safety net and refugee resettlement are two of the most politicized and debated issues in the United States today. Yet many have never considered the interaction between the two issues or the extent to which the social safety net meets the needs of refugees resettled in the United States. What programs are designed to care for refugees in their first few years of resettlement in the United States? And who is ultimately responsible for caring for the vulnerable in our society?

Refugees, individuals forced to flee their country due to persecution, war, or violence, are among the most vulnerable members of society.ⁱ In 2017, the United States admitted 42,000 refugees — only a small fraction of the 65.3 million people in the world that had been displaced by violence or conflict.ⁱⁱ Even once admitted to the United States, refugees' struggle for security continues. Young mothers, infants, and children are especially vulnerable. Family stability and childhood health are fragile and are particularly susceptible to the effects of poverty and conflict.

WIC: A Response to Refugee Needs

The social safety net in the United States provides basic assistance to those in need, including refugees, through a varied network of services and programs provided by government as well as a diverse array of civil society institutions. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federal safety net program within the Food and Nutrition Service at United States Department of Agriculture, is a nutrition program that is designed specifically to safeguard women and children's health and prevent malnutrition. The aim

of the program is to provide supplemental foods, healthcare referrals, and nutrition education to low-income pregnant, postpartum women, and to infants and children up to age five who are at nutritional risk.ⁱⁱⁱ

WIC provides food vouchers that allow families to buy low-fat dairy, whole grains, fruits, and vegetables. Recipients receive three months' worth of coupons at a time from their local WIC office and can use the coupons at participating grocery stores. The WIC program also offers nutrition classes and has peer counselors who assist nursing women with breastfeeding guidance and educational materials.

WIC is associated with reduced infant mortality rates, consumption of more nutritious foods, and improved early childhood development. Studies have shown that mothers who use WIC during pregnancy deliver generally healthier infants with longer gestations and higher birth weights.^{iv} A 2010 study conducted in Ohio found that the infant mortality rate for African American non-WIC participants was 21 percent, compared to 9.6 percent for African American WIC participants.^v

Families who participate in the WIC program purchase greater quantities of low-fat dairy, whole grains, fruits, and vegetables in comparison to their previous purchasing habits. The sound nutritional practices promoted through WIC are specifically designed to mitigate the effects of malnourishment on childhood development.^{vi} Two recent studies have linked prenatal and early childhood participation in WIC with higher cognition and higher academic performance. A 2015 study using national data of over 3,000 children compared performance between siblings when the mother received WIC benefits for one pregnancy but not the other. Re-

searchers found that the child who had received WIC benefits while in utero performed higher on passage comprehension and reading scores than their school-aged siblings who did not.^{vii}

WIC's History and Political Context

WIC was established as a pilot program in 1972 as an amendment to the Child Nutrition Act of 1966. Initially, the program provided specialized food packages to breastfeeding women and infants, two demographics that are highly susceptible to the effects of malnutrition. By 1974, the program had reached nearly 88,000 monthly participants. Over the next several decades, research focusing on the overall effectiveness of WIC found numerous positive impacts that led to expansions of the services.^{viii} These studies, in fact, led to bipartisan support for the expansion of WIC services in the 1990s, as the program demonstrated an increase in the intakes of certain targeted nutrients for program participants.

WIC operates through a web of federal, state, and local partnerships, and the federal government funds the program through an annual appropriations process.^{ix} The Food and Nutrition Service, in conjunction with state agencies, administers WIC. State governments provide technical assistance to local agencies, and states have discretion in deciding the specific brands and types of food included in the food vouchers.

To be eligible for WIC, one must be a pregnant, postpartum, or breastfeeding woman, or an infant or child up to five years of age. Recipients must earn an income of 185 percent of the poverty line (currently \$37,296 for a family of three). Participation in another safety net program, such as the Supplemental Nutrition Assistance Program (SNAP), automatically makes one eligible for WIC, and eligibility is not dependent on U.S. citizenship. Individuals can also achieve eligibility by being at nutritional risk^x. Nutritional risk is assessed by a physician, nutritionist, or nurse, and usually refers to either health conditions, such as anemia, or circumstantial conditions. A refugees' status as a recent migrant from a conflict zone immediately qualifies him or her as being at nutritional risk, and therefore eligible to receive WIC benefits. Resettlement agencies in the United States assist refugees in enrolling in WIC within 30 days of arrival to the U.S. if at

least one member of the family is a pregnant, nursing, or a postpartum woman, infant, or child under the age of five.

Though eligible, and in many cases even enrolled in WIC, refugees often face barriers related to language and transportation that prevent them from accessing the benefits they're eligible for.

A program like WIC is essential within the first year of a refugee woman, infant, or child's life in the United States and a targeted service like this is able to provide crucial access to healthcare and nutritional education. Each step in the United States takes a refugee further and further away from their home and propels them into a foreign environment. This vulnerability, coupled with the experience of being a young mother trying to understand a new country's maze of programs and services, creates an unparalleled level of need.

Navigating this system of social services is often not intuitive. Refugees encounter barriers such as inadequate information, insufficient education, and lack necessary tools which limit their ability to access the many services the social safety net provides. Assisting refugees in navigating and more effectively accessing WIC and other safety net programs requires effort from both government and civil society.

FRAME

The refugee crisis around the world has displaced an unprecedented 65.3 million people.^{xi} Because such large numbers can be difficult to visualize, consider the plight of an individual refugee.

Imagine a young woman with two children, fleeing from her home in Syria where she and her family have lived for generations. Her town is ravaged by shelling day and night, and the only option is to flee to another country or face death. The neighboring countries of Jordan and Lebanon have already admitted millions of refugees and are at maximum capacity, so she applies for resettlement in a new country. After going through months of intense examination to be vetted for resettlement approval, slowly accepting the fact that the only home she has ever known is gone, she embarks on a new life in a

foreign country. She must leave behind the familiar societal customs and institutions from her native land.

Once in America, thousands of refugees are thrown into new worlds — some to sprawling suburbia, where the closest grocery store is several miles away, and others to urban centers with a complicated matrix of public transportation. They have lost nearly everything. Basic needs like food, shelter, and health care are their most pressing concerns, and they must be able to turn to the government as an institution that can assist them during their first year in the United States.

However, refugees are sometimes perceived as a “burden” upon their host countries. Conventional thinking may assume that federal programs for refugees result in a drain on the economies and government budgets of the host nations. Indeed, some ask: why should a non-citizen receive assistance from the government?

A core calling for Christians is to care for the sojourner. Christians must respond to the pressing needs of refugees, especially refugee women with young children, and recognize that when refugee families thrive, communities thrive.^{xii}

Government’s Unique Call

The government and a host of other institutions have a responsibility to uphold the viability of the family. Many of us learn to be healthy and productive citizens within the context of the family. When families thrive, society thrives. But for refugee families arriving in the United States, many of the tools necessary for flourishing are unfamiliar or inaccessible.

What role, then, should government play in ensuring that refugee families have access to these vital services and tools necessary for establishing a new life in the United States?

Government has something “affirmative and indispensable to contribute to human flourishing,” and public policies should be crafted in such a way that honor and uphold the family as one of the most basic and formative institutions in society.^{xiii}

As it pertains to refugees, the government has recognized, rightly, that refugee families are especially vulnerable and may require temporary assistance to meet basic needs. Through WIC, government is able to provide assistance to refugees that they may not otherwise have access to.

WIC is designed “to ensure that pregnant women get the foods they need to deliver healthy babies and that those babies are well-nourished as they grow into toddlers.”^{xiv} A healthy mother gives birth to healthy babies. Healthier children can attend school more regularly and participate in enriching activities.

The scale, capacity, and reliability of government in delivering services is unmatched. Its role in refugee resettlement is crucial. However, refugees also need things like community and connection that government cannot provide. The resources of government can and should be combined and integrated with the other unique resources of civil society institutions and individuals to be most effective in serving refugees. Without dedicated health workers, resettlement officers, and volunteers, governmental social services will be lacking.

Civil Society’s Role in Caring for Refugees

Nonprofit organizations play a critical role in moving refugees from simply being eligible for safety net programs to full participation. Nonprofits often have on-the-ground knowledge about the populations that they serve and know how to tailor assistance to best suit the needs of refugees. In many cases, nonprofits are the most knowledgeable about the unique barriers their clients face in accessing WIC and what effective solutions look like.

World Relief, a Christian relief and resettlement agency, is a faith-based nonprofit dedicated to welcoming and resettling refugees. Since the 1970s, World Relief has been one of fewer than a dozen institutions authorized by the U.S. State Department to resettle refugees within the United States. In many cities, it is the primary agent through which refugees are introduced to the WIC program. The organization also mobilizes

local churches to be the relational agents behind resettlement work.

In their book *Seeking Refuge: On the Shores of a Global Refugee Crisis*, former World Relief president Stephen Bauman and U.S. Director of Church Mobilization Matthew Soerens urge Christians to recognize “We cannot holistically love our neighbors without engaging questions of policy that ultimately impact people.”^{xv} This integration between caring for refugees and thinking critically about the role of government is essential for Christians to meet the needs of the vulnerable in our communities.

Social programs like WIC are intimately tied together with the services that resettlement agencies provide. Church volunteers are often the ones who take refugees to the local WIC offices for their nutrition classes and to grocery stores to help them buy food for the first time. World Relief, for example, has Good Neighbor teams that mobilize across the country in order to provide services like English tutoring, community orientation, and healthcare checkups.^{xvi} These community teams are focused on coming alongside already-existing public assistance programs to strengthen and fortify the social safety net in order to care for refugees.

Refugees rely on a variety of other resources within their first year, from food pantries to welcome packages from churches, in order to move toward both eventual independence from public assistance as well as the development of relationships and networks of support in their communities. Over the course of one year, resettlement agencies closely follow families to make sure they are learning how to access and navigate different services, as well as make personal achievements in language and skills acquisition. In short, it takes a diverse network of government programs, civil society institutions, and individuals to ensure that refugees move from the margins of society to a place of security and flourishing.

ENGAGE

Natalya Balanchuk* holds her infant son high on her chest. His eyes slowly droop as he’s lulled to sleep, his cheek nuzzled right under his mother’s chin. Natalya sits on her couch and recounts the

developmental landmarks of her two sons; there is a hint of pride in her voice as she shares how imaginative and curious her boys are.

“Every time they do something special, I run to go write it down in my journal. Now the young one is growing up so I can compare his development with his older brother’s,” she said, smiling down at her sleeping son. “I guess I’m an over-protective mom. I just want to be around them always.”

Natalya is a 25-year-old refugee from Ukraine. She is a bright, kind woman full of warmth. She takes painstaking care to make sure her children are safe, well-fed, and healthy, eating whole foods and lots of dairy. In August of 2017, she made her journey from Ukraine to DuPage County, located about 25 miles west of Chicago, Illinois.

There are five WIC offices in DuPage County. During the peak of the refugee crisis in 2015, nearly 400 refugees came through Wheaton’s Department of Health office alone to receive medical screenings and be referred to WIC and other social programs such as TANF and SNAP. However, these figures dropped dramatically following Executive Orders to halt refugee entry into the United States for four months each time, first with an order issued January 27, 2017 and a revised version of the initial Order issued March 6, 2017.^{xviii}

Executive Order 13769, titled “Protecting the Nation from Foreign Terrorist Entry into the United States,” suspended the resettlement of Syrian refugees in perpetuity and put a pause on the overall refugee resettlement program.^{xix} This order lasted approximately 120 days, after which President Donald Trump committed to accepting no more than 50,000 refugees. This number does not keep in pace with the devastatingly high population of refugees globally. Indeed, by the end of the first fiscal year under Trump’s presidency, only 0.2 percent of the world’s refugee population had been resettled in the United States, a much lower percent compared to the historic average of 0.6 percent.^{xx} From October 2017 to February 2018, only 39 refugees were resettled in DuPage County and all already had familial connections in the United States.

Upon arrival, Natalya was eligible for WIC and received nutritional counseling and food voucher benefits from her local WIC clinic. However, when asked about her use of WIC vouchers, or “coupons” as they are commonly known, Natalya patiently described her difficulties with the program.

“WIC seems like a generally good program,” she said. “But I wasn’t able to use any of my coupons in time, so they expired. I don’t have a car, so I have to walk to the grocery store down the street.”

However, the only grocery store within walking distance from her home does not accept WIC coupons and she does not have transportation to get to a larger grocery store that does.

This seemingly simple barrier — transportation — is one among many that can prevent newly arrived refugees from utilizing federal assistance programs. Language is another barrier that is difficult to overcome when trying to buy nutritious foods for one’s children; four out of six refugee families in DuPage County interviewed about their use of WIC reported language and translation to be an obstacle for them while grocery shopping.

“Sometimes the coupons are hard to understand,” Lidiya*, another young mother from Ukraine, explained. “Our brother-in-law who has lived here for many years had to explain the food names to us in Ukrainian at home before we could go to the grocery store.”

This experience of not understanding a language, particularly not being able to read food labels in English, is relatively common for most non-English speaking immigrants and refugees in the United States.

A refugee’s ability to secure nutritious, affordable food is essential to his or her survival and ability to raise healthy children. Given that many refugees arrive from war-torn nations or refugee camps where access to food can be unreliable and limited, many may already experience the effects of malnourishment.^{xxi}

Several refugee families cited the great lengths they have gone to to ensure healthy food for their

children. If they do not have access to a car, like Natalya, they will simply walk. Another family from Afghanistan described how they saved up all of their WIC coupons to use on their monthly trip to the grocery store, uncertain if they would be able to get to a grocery store again in that month.

A Holistic Response in DuPage County

According to Catherine Gonzalez, the Family Health Supervisor of the West Chicago WIC clinic, it is important that the government agencies that receive refugees see each individual as an able, resilient person capable of caring for his or her own health. Gonzalez stressed that it is crucial for refugees to realize their own potential in caring for themselves and their children, especially given that many of the factors that have led them to the U.S. have been out of their control. The ability to take care of their own nutritional needs is one way that refugees can reclaim agency for themselves.

“What we do now is participant-centered counseling,” Gonzalez said. “We ask them to tell us how things are going. We’re trying to do counseling according to the needs of the participant, not just do nutrition education.”

She has found that traditional nutritional education classes are typically not tailored to a refugee or immigrant’s specific situation, and suggests that individual participant-centered counseling is more effective as it allows the refugee family to take agency in achieving their goals. The counselors provide them with information, but refugees get to “call the shots” by devising a personalized plan alongside the counselors. This approach seeks to tailor the education to the specific needs and context of the refugee family, allowing them to develop their own goals for maintaining health.

Additionally, WIC offices have taken steps to remove obstacles to obtaining assistance. WIC clinics use LanguageLine, an interpretation service administered over the phone, to ensure that their clients are able to understand their health counselor and share valuable personal health information with clinical professionals. In one clinic in DuPage County, the Department of Health hired a full-time Burmese clinician to conduct counseling sessions in the various dialects spo-

ken by Burmese refugees, a high volume of which reside in the DuPage County area.

Committed healthcare workers, such as the aforementioned Burmese clinician, understand that there are specific challenges to receiving care as a refugee. Wendy Walsh-Turner, Assistant Director of Adult Health Services at the DuPage County Health Department, has developed a sophisticated screening program for diseases that are prevalent in refugee populations. Additionally, she is part of a complex referral system in which she refers eligible participants to WIC and other behavioral health programs that provide DuPage County residents under Medicaid with different levels of care.

“We catch things that people need to get treated for,” said Walsh-Turner, who believes that the relationships between primary care providers, resettlement agencies, and safety-net programs must be interwoven in order to fully support refugees during their first months in the United States. She advocates for a compassionate and patient-centered approach to helping refugees understand the various services that are offered in the United States.

“Our healthcare system is baffling to many different groups of people,” she said. “They’re coming from a refugee camp to this place where you’re expected to make a relationship with all of these primary care providers.”

There are numerous appointments that refugees must make in order to continue receiving benefits from the government, and it is often a lack of information or other simple barriers that keep these families from accessing much-needed help.

Despite the vital role that a safety net program like WIC plays in the lives of recently resettled refugee families, the government alone is not designed to meet all of the needs of refugees.

World Relief DuPage ensures that all refugees settled within DuPage County are able to get to their initial WIC appointment, enrolls them in the program, and assists them with signing up for WIC coupons. Additionally, World Relief caseworkers visit families at three months, seven months, and 11 months following the families’ initial resettlement. Through these check-ins, World Relief is able to identify any nutritional

problems that the families may be experiencing, as well as provide resources if the family expresses that they are struggling to get to a grocery store or primary care provider.

World Relief stresses communal and social relationships as being essential for success in a refugee’s first year of resettlement. Initially, only about 40 percent of refugee families in DuPage County who received WIC benefits in the last year reported in their first check-up appointment that they reached out to or were involved with “other members of their ethnic community.” By the 11-month mark, 80 percent identified a social community from which they could receive support.^{xxii}

One family from Burma, the Naings*, explained how they were able to go to the grocery store with their WIC coupons because their pastor, a member of the Burmese community in Wheaton, would drive them there and assist them in purchasing items by translating labels. For the Naing family, the local Church has been vital in their transition to America.

Many other churches have similarly engaged in caring for refugees, regardless of a refugee’s faith or ethnic background. College Church, a large congregation located just a few miles from World Relief’s offices, is just one of many churches in DuPage County that serve the various needs of refugees. The church hosts English classes on their campus, where volunteers teach English to young mothers and provide childcare for their children at the same time. Welcome teams from the church put together welcome kits of food, utensils, cleaning items, and appliances for new arrivals, and offer transportation to and from the church’s preschool for refugee children living in a nearby apartment complex. Many other churches in the area offer similar services.

A vision of holistic care for refugee families, one that meets physical, emotional, and spiritual needs, is essential. WIC is a temporary, targeted support; it is important for the first few years, but it is the relationships within the community that will continue to establish security and flourishing for refugees in the United States after the assistance ends. Refugee resettlement agencies and government programs can and should partner to create a strong foundation for assistance,

while community institutions, like churches, nonprofits, and individual citizens, must also be available as resources to refugees.

Natalya's eyes light up when she talks about her sons. She explains with detail how she cooks everything at home, the time it takes to prepare healthy meals for them, and the diligent care she takes in choosing the best foods. The resilience and resourcefulness with which refugees like Natalya take care of their children and themselves is

astounding given the years of difficult transience they have endured. As they navigate the federal safety net, including the various appointments and coupons in an unfamiliar language, it is necessary for civic institutions to work towards mending the gaps in the safety net to provide the strongest possible care for the most vulnerable.

** Indicates name has been changed in order to ensure privacy.*

About the Authors

Emily Miller graduated from Wheaton College in 2018 with a bachelor's degree in International Relations and a minor in Psychology. Following a year studying Arabic in Jordan and Lebanon prior to her time at Wheaton, she decided to pursue a career in refugee advocacy and human rights law. She has interned with Questscope, an international NGO, in refugee camps in Jordan, where she worked with young women in a participant-centered youth program for Syrian refugees. She has completed an internship at Chicago's Council on American-Islamic Relations, where she was a Government Affairs Intern in the outreach division this past year. Emily is interested in creating events, both artistic and advocacy-focused, that can connect and gather people from different social environments and faith backgrounds. In pursuit of this interest, she served one year on Wheaton College Union as the student music coordinator for their coffeehouse performances. Emily hopes to return to Jordan to study Arabic and then pursue a public policy degree and work for the legal rights of women from conflict zones. Outside her work and education, Emily enjoys eating good food with friends and attempting acoustic covers of famous pop songs.

Dr. Timothy Taylor served as Emily Miller's faculty advisor for this report. Dr. Taylor is a professor of politics and international relations at Wheaton College, where he enjoys teaching classes ranging from International Political Economy to East Asian Politics. His research, which includes the effects of foreign trade agreements upon national elections, has been published in both academic journals, as well as outlets such as Christianity Today and the Huffington Post. Taylor was awarded the Rothchild Memorial Research Award, and in 2015, was appointed as a fellow at Ateneo de Manila University's Center for Asian Studies. He earned his Master of Arts and Ph.D. from the University of California, Davis, where he was a Bilinski Fellow from 2015-2016. After living and traveling abroad, Taylor and his wife now reside in Wheaton, IL with their four children. If he had spare time, he would enjoy fishing, hiking, and exploring the outdoors.



About the Center for Public Justice

The Center for Public Justice is an independent, nonpartisan organization devoted to policy research and civic education. Working outside the familiar categories of right and left, conservative and liberal, we seek to help citizens and public officeholders respond to God's call to do justice. Our mission is to equip citizens, develop leaders, and shape policy in pursuit of our purpose to serve God, advance justice, and transform public life.

About Shared Justice

Shared Justice is the Center for Public Justice's initiative for Christian 20- and 30-somethings interested in the intersection of faith, politics, and public justice. Through its online publication, SharedJustice.org, CPJ has published hundreds of articles written by college students and young professionals committed to pursuing justice for their neighbors through political engagement. Shared Justice also offers a variety of programs, resources, and events for young adults, including campus speaking engagements and the Student-Faculty Research Prize. In 2015, Shared Justice published *Unleashing Opportunity: Why Escaping Poverty Requires a Shared Vision of Justice*, designed to equip students, faculty, and young adults with the tools necessary to participate in lifelong civic engagement.

About the Shared Justice Student-Faculty Research Prize

The Shared Justice Student-Faculty Research Prize awarded three student-faculty pairs from Council for Christian Colleges and Universities (CCCU) institutions with funding to conduct research on the social safety net. Students researched a federal safety net program and explored the program's impact in their local community. This semester-long research project culminated in three policy reports that together form the *Reframing the Safety Net* series.

With Thanks

This report was funded by the Annie E. Casey Foundation. We are deeply grateful for their generosity and support but acknowledge that the findings and conclusions for the report are those of the authors and the Center for Public Justice, and do not necessarily reflect the opinions of the Foundation.

Endnotes

- ⁱ “What is a refugee?” *UNHCR*, <https://www.unrefugees.org/refugee-facts/what-is-a-refugee/>. Accessed 28 May 2018.
- ⁱⁱ Batalova, Jeanne and Jie Zong. “Refugees and Asylees in the United States.” *Migration Policy Institute*, 7 June 2017, <https://www.migrationpolicy.org/article/refugees-and-asylees-united-states>. Accessed 8 May 2018.
- ⁱⁱⁱ “Women, Infants and Children (WIC).” *United States Department of Food and Agriculture*, 14 Feb. 2018, <https://www.fns.usda.gov/wic/women-infants-and-children-wic>. Accessed 16 Mar. 2018.
- ^{iv} Carlson, Steven and Zoë Neuberger. “WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years.” *Center on Budget Policy and Priorities*, 29 Mar. 2017, <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>. Accessed 16 March 2017.
- ^v Khanani, I., et. al. “The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities.” *American Journal of Public Health*, vol. 100, no. 1, 2010, pp. 204-209.
- ^{vi} Carlson, Steven and Zoë Neuberger. “WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years.” *Center on Budget Policy and Priorities*, 29 Mar. 2017, <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>. Accessed 16 March 2017.
- ^{vii} Jackson, Margot I. “Early Childhood WIC Participation, Cognitive Development and Academic Achievement.” *Social Science & Medicine*, vol. 126, 2015, pp. 145-153.
- ^{viii} Caan, B., et. al. “Benefits associated with WIC Supplemental Feeding During the Interpregnancy Interval.” *The American Journal of Clinical Nutrition*, vol. 45, no. 1, 1987, pp. 29-41., Devaney, Barbara. “Very Low Birthweight Among Medicaid Newborns in Five States: The Effects of Prenatal WIC Participation.” Alexandria, Virginia: U.S. Department of Agriculture, 1992. Print. Devaney, Barbara, and Allen Schirm. “Infant Mortality Among Medicaid Newborns in Five States: The Effects of Prenatal WIC Participation.” Alexandria, Virginia: U.S. Department of Agriculture, 1993. Print., Heimendinger, J., et. al., “The Effects of the WIC Program on the Growth of Infants.” *The American Journal of Clinical Nutrition*, vol. 40, no. 6, 1984, pp. 1250 – 1257.
- ^{ix} Aussenberg, Randy A. and Julia E. Kortney. “A Primer on WIC: The Special Supplemental Nutrition Program for Women, Infants and Children.” *Congressional Research Service*, 21 July 2015, <https://fas.org/sgp/crs/misc/R44115.pdf>. Accessed 21 Mar. 2018.
- ^x “Policy Basics: Special Supplemental Nutrition Program for Women, Infants, and Children.” *Center on Budget Policy and Priorities*, 26 Apr. 2017, <https://www.cbpp.org/research/food-assistance/policy-basics-special-supplemental-nutrition-program-for-women-infants-and>. Accessed 15 Mar. 2018.
- ^{xi} Edwards, Adrian. “Global Forced Displacement Hits Record High.” *UNHCR*, 20 June 2016, <http://www.unhcr.org/en-us/news/latest/2016/6/5763b65a4/global-forced-displacement-hits-record-high.html>. Accessed 23 April 2018.
- ^{xii} *Bible: English Standard Version*, Lev. 19:33-34.
- ^{xiii} Carlson-Thies, Stanley, and Chelsea Langston Bombino. “Religious Freedom and Government Partnerships: Where Do We Go From Here?” *Public Justice Review*, vol. 6, 2017.
- ^{xiv} “Policy Basics: Special Supplemental Nutrition Program for Women, Infants, and Children.” *Center on Budget Policy and Priorities*, 26 Apr. 2017, <https://www.cbpp.org/research/food-assistance/policy-basics-special-supplemental-nutrition-program-for-women-infants-and>. Accessed 15 Mar. 2018.
- ^{xv} Bauman, Stephan, et. al. *Seeking Refuge: On the Shores of the Global Refugee Crisis*. Moody Publishers, 2016.
- ^{xvi} *World Relief Dupage/Aurora*. World Relief, 2017, <https://worldreliefdupageaurora.org/good-neighbor-kits>. Accessed 4 May 2018.

Connecting Refugees with WIC
Miller and Taylor

^{xviii} Exec. Order No. 13769, and 13780 3 C.F. R. (2017)

^{xix} Exec. Order No. 13769, 3 C.F.R. (2017)

^{xx} Philip Connor. “U.S. Resettles Fewer Refugees, Even as Global Number of Displaced People Grows.” *Pew Research Center*, 12 Oct. 2017, <http://www.pewglobal.org/2017/10/12/u-s-resettles-fewer-refugees-even-as-global-number-of-displaced-people-grows/>. Accessed 14 June 2018.

^{xxi} Kemp, Charles, and Lance A. Rasbridge. “Refugee and Immigrant Health: a Handbook for Health Professionals.” *Cambridge University Press*, 2004, http://assets.cambridge.org/97805215/35601/frontmatter/9780521535601_frontmatter.pdf. Accessed 5 April 2018.

^{xxii} Internal World Relief survey data



THE CENTER FOR
PUBLIC JUSTICE