



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Testimony of Dr. Thea James
Vice President of Mission & Associate Chief Medical Officer
Boston Medical Center

April 28, 2021

U.S. House of Representatives Committee on Rules Hearing on
Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed

Thank you Chairman McGovern, Ranking Member Cole, and distinguished Members of the House Committee on Rules for holding this hearing and providing me with the opportunity to speak today about hunger in America and our bold intentions to collectively put an end to it.

My name is Dr. Thea James – I am Vice President of Mission and Associate Chief Medical Officer at Boston Medical Center, where I also trained for my residency and have been honored to serve as an Emergency Physician for the last three decades. Boston Medical Center is the largest safety-net hospital in New England and ranks among the ten busiest trauma and emergency services centers in the country. The patients we serve are predominantly low-income, with approximately half of our patients covered by Medicaid or the Children’s Health Insurance Program (CHIP) – the highest percentage of any acute care hospital in Massachusetts. Hunger, malnutrition, and food insecurity are all too common among our patients – in fact, of the more than 100,000 patients we’ve screened for health-related social needs to-date, 1 in 5 identified as food insecure – double the national rate. The current pandemic and economic crisis has further exacerbated this need among our patients.

In the emergency department at BMC, I see firsthand the ways in which hunger directly impacts health. Patients present for heart failure and diabetic emergencies that could have been avoided with proper nutrition. I treat complications of conditions that are not adequately managed like seizure disorders and COPD because patients are having to choose between paying for food or paying for medicines. Treating illnesses in the emergency room that are the downstream effects of hunger is not only disheartening, it’s the most expensive way to intervene. At BMC we know we can do better by our patients if we move further upstream. We are proud of our long history of addressing the root causes of what make our patients sick, including the inability to afford enough food. We know from clinical experience and decades of

research that when our patients are hungry, their health suffers. This is why BMC is committed to advancing solutions that reduce hunger among our patients and the communities in which they live. Our clinicians and staff are trained to look outside our four walls, and move beyond healthcare to understand the social factors that impact our patients' health. At present, BMC has over 40 programs that address health-related social needs, many of which have been replicated nationally.

Over the past 40 years, our anti-hunger work has grown from a pediatric subspecialty clinic ("The BMC Grow Clinic") treating babies diagnosed with "failure to thrive," to an integrated hospital-wide program designed to meet the full array of our patients' food and nutrition needs. Emblematic of these efforts, our preventive food pantry, which has been in service since 2001, has grown to distribute over one million pounds of food annually to our patients and families facing food insecurity or specific nutritional challenges at home. Patients are referred to the pantry by a "prescription" from their clinicians in the same way that they would to receive medicine from the pharmacy. Our program began as the first hospital-based preventive food pantry in the country, and now our staff regularly advise other hospitals and health systems on how they can launch their own.

People are often surprised to learn that our urban hospital campus also has a 7,000 square foot rooftop farm and state-of-the-art teaching kitchen, which are integral to the BMC food and nutrition program.¹ The rooftop farm, in its fifth year, plays host to more than 20 crops, providing fresh, local produce to hospitalized patients, hospital cafeterias, the preventive food pantry, teaching kitchen, and a weekly in-hospital farmers' market. The teaching kitchen provides patients with opportunities to learn how to cook healthy meals specific to their clinically-prescribed dietary needs, as well as how to utilize the foods that come from the preventive food pantry.

In addition to these efforts, decades of research from Children's HealthWatch – a research and policy network headquartered at BMC – has shown that enrollment in the USDA's Supplemental Nutrition Assistance Program, or SNAP, reduces food insecurity and improves health.² Given these findings and other compelling evidence on the health-promoting impact of SNAP, we recently launched an initiative to enroll likely-eligible patients in SNAP through a robust outreach strategy and streamlined enrollment process for patients applying for Medicaid.

¹ Musicus AA, Vercammen KA, Fulay AP, Moran AJ, Burg T, Allen L, Maffeo D, Berger A, Rimm EB. Implementation of a rooftop farm integrated with a teaching kitchen and preventive food pantry in a hospital setting. *American Journal of Public Health*. 2019;109(8):1119–1121. <https://doi.org/10.2105/AJPH.2019.305116>

² Ettinger de Cuba SA, Bovell-Ammon AR, Cook JT, Coleman SM, Black MM, Chilton MM, Casey PH, Cutts DB, Heeren TC, Sandel MT, Sheward R, Frank DA. SNAP, Young Children's Health, and Family Food Security and Healthcare Access. *American Journal of Preventive Medicine*. 2019;57(4):525–532. <https://doi.org/10.1016/j.amepre.2019.04.027>

As an academic medical center and health system, and an anchor institution for our local community, we are acutely aware of the power we hold to impact the health of our patients and community given our role not just as a health care provider, but also as an employer, purchaser of goods and services, and investor. Given this role and our commitment to moving further upstream, BMC has made targeted investments in the community to address systemic causes of food insecurity and hunger among our patients. As a part of a multi-million dollar investment in affordable housing and community-based programs, BMC provided a \$1 million no-interest loan to establish a healthy food market alongside a new affordable housing development in the Roxbury neighborhood of Boston. Through this investment, we intend to disrupt the status quo by increasing the availability of healthy, affordable food options in the places where people with low-incomes live.

While we work hard to respond to the realities of hunger among our patients, we know that we cannot end hunger, even in our little corner of the world, on our own. We welcome the federal government to play a bigger role in ending hunger – not only as a convener and coordinator, but as an incubator and accelerator, helping to ensure the scale of the solution matches the scale of the problem.

I will close my remarks today by offering this anecdote: in a recent survey to patients at our hospital preventive food pantry, we asked: “What would it take for you to never need this again?” As a physician, some of the responses to this question were heartbreaking. Many people we talked to said they could never imagine not needing to rely on the food pantry. To me, this highlights why as a country we must reimagine our commitment to ending hunger. In doing so, we must seek solutions that respond to its root causes, instead of perpetually filling in gaps, and prioritize thriving for people in order to truly alter the quality of their life course trajectory.

Holding this hearing today sends a signal that hunger is a solvable problem if only we can step outside of business-as-usual practices to chart a new course forward.

Thank you for your time. I look forward to the discussion.