

IHP -1

From: WebMaster@fns.usda.gov
Sent: Monday, August 07, 2006 3:10 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Michelle Beasley, M.D.
EMAIL: mgbeasley1@yahoo.com
CITY: Pensacola
STATE: fl
ORGANIZATION: Pensacola Pediatrics, PA
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: August 07, 2006
Time: 03:10:08 PM

COMMENTS:

Agree with whole heartedly, especially deleting the juice for infants!

IHP-2

From: WebMaster@fns.usda.gov
Sent: Monday, August 07, 2006 6:23 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: pam klein,md
EMAIL: mommydoc@mchsi.com
CITY: gulf breeze
STATE: fl
ORGANIZATION:
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: August 07, 2006
Time: 06:23:08 PM

COMMENTS:

I am thrilled about the deletion of juice on the infant program! I have long been advising my patients against juice and attempting to steer them in the direction of fruits and vegetables. It's great to get that affirmation and long overdue!

IHP -3

From: Donna Hebbeler [dhebbeler@alaska.com]
Sent: Monday, August 07, 2006 6:55 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Please support the proposed rules revision regulations governing the WIC food packages so they align the WIC food packages with the 2005 Dietary Guidelines for Americans and current infant feeding practice guidelines of the American Academy of Pediatrics. These better promote and support the establishment of successful long-term breastfeeding, provide WIC participants with a wider variety of food, provide WIC State agencies with greater flexibility in prescribing food packages to accommodate participants with cultural food preferences, and serve participants with certain qualifying conditions under one food package to facilitate efficient management of medically fragile participants. The revisions largely reflect recommendations made by the Institute of Medicine of the National Academies in its Report "WIC Food Packages: Time for a Change," with certain cost containment and administrative modifications found necessary by the Department to ensure cost neutrality.

This is very important for health growth of our most important US assets-our children.
Thank you for your consideration.

Sincerely,
Dr. Donn Hebbeler

IHP-4

From: WebMaster@fns.usda.gov
Sent: Monday, August 07, 2006 10:16 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Loretta Porta, RN, IBCLC
EMAIL: lporta@gvhc.org
CITY: Merced
STATE: CA
ORGANIZATION: Golden Valley Health Centers
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: August 07, 2006
Time: 10:15:46 PM

COMMENTS:

I m thrilled to see the changes proposed to the WIC food packages. The elimination of formula in the first month for any breastfeeding infants will greatly help in increasing the duration of breastfeeding in this vulnerable population. The elimination of juices will help to reduce the dental caries disparities faced by this population. The change in addition of complementary food to 6 months of age from 4 will help us all be consistent in the messages we give to parents regarding nutrition. I have been working with the WIC population as a parent educator and lactation counselor for many years. This proposed change will do much to reduce the barriers to healthy nutritioanl choices faced by this population. Congratulations on a well-thought-out approach.

Loretta Porta, RN, IBCLC, Perinatal Program Coordinator for Golden Valley Health Cneters (an FQHC) in Merced and Stanislaus Counties, California.

IHP-5

From: WebMaster@fns.usda.gov
Sent: Thursday, August 10, 2006 2:35 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Chet Zelasko, PHD
EMAIL: drchet@betterlifeunlimited.com
CITY: Grand Rapids
STATE: MI
ORGANIZATION:
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: August 10, 2006
Time: 02:34:33 PM

COMMENTS:

Department of Agriculture:

The proposed changes in the WIC program are long overdue. Fruits and vegetables have been recognized as providing vitamins, minerals, and phytonutrients that are required for good health. This is especially true for children. Adding fruits, vegetables , and whole grains to the WIC program will assist. But more is necessary. Education along with the changes are required to be sure the recipients make the best choices in the foods they select. It would also seem that \$8 per month is only a start but it's a step in the right direction.

Chester J. Zelasko, PhD

IHP-6

From: Valerie McClain [vewickstead@yahoo.com]
Sent: Friday, August 11, 2006 4:29 AM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

As an IBCLC who has worked in the WIC Program in Florida from 1994-1998, I read with interest the proposed changes regarding increased support of breastfeeding through changes in the food packets. I do believe changes need to be made to the Program. I applaud some of the proposed changes such as adding fruits, vegetables, whole grains; and enhancing the breastfeeding packet. But I do not understand how the WIC Program will minimize early supplementation with infant formula by going to a food packet system in which only exclusive breastfeeding or exclusive formula feeding is recognized.

Most feeding problems occur in the the early days of breastfeeding. Moms who are having difficulty (low supply, failure to thrive) may have to use some formula and maybe alot of formula to get the situation under control. So what will be the answer for these moms? Expend their own funds and buy formula? Or go to exclusive formula feeding packet? If they go to exclusive formula feeding, in all likelihood they will receive far more infant formula than they need to change the situation around. Thus, instead of minimizing infant formula usage in the first month, the system will provide more infant formula to women trying to breastfeed. WIC statistics will not accurately reflect reality. I see no mention of human milk banking in this document. If we do not want breastfeeding mothers to use infant formula in the first month, what about human milk banking?

Of course, the situation above should not happen with the Peer Counselor Program, availability of breast pumps, and access to "lactation experts." But do all districts, all states in the USA have enough peer counselors? Enough breast pumps? And who are the "lactation experts" mentioned in the proposal? WIC has no job description for IBCLCs in their program. So who are WIC's lactation experts?

This proposed change will require strong peer counselor programs and I would think an IBCLC on most sites. But I don't see that happening in most areas. Which means that the proposed change may actual hurt breastfeeding because the Program does not have enough people to make the changes work.

I believe that life isn't about "either-or" decision making. In life there are a variety of options to doing something. Making women in the early postpartum make an either-or decision is beneficial to who? How will this proposal be perceived by WIC clients? And how will that perception impact the decision making process? While I wholeheartedly want women to exclusively breastfeed, I see this proposal as detrimental to promoting breastfeeding among low-income mothers.

IHP-7

From: WebMaster@fns.usda.gov
Sent: Friday, August 11, 2006 3:50 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Edye Kuyper
EMAIL: jamtan77@yahoo.com
CITY: Sacramento
STATE: CA
ORGANIZATION: California Nutrition Network, California Department of Health Services
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: August 11, 2006
Time: 03:49:36 PM

COMMENTS:

The proposed changes to the WIC food basket would greatly enhance the health of women, infants and children relying on the WIC supplemental food program. I recommend that all recommendations be adopted. They are based on sound science regarding the health concerns most likely to affect the low-income recipients of the WIC program. Any deviations from these recommendations would not be in the best interest of WIC clients and our nation as a whole. As the results of poor nutrition and physical inactivity are negatively impacting the United States' population and economy, these recommendations offer an opportunity to improve the health of a significant segment of our country's population. Improving the health of WIC clients by providing more nutritious foods and incentives for breastfeeding will benefit our country by guaranteeing a healthier future workforce and by saving our nation from the ballooning medical costs that result from the epidemic of overweight and obesity.

IHP-8

From: Vickie Leonard [vleonard@ucsfchildcarehealth.org]
Sent: Monday, August 14, 2006 12:53 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

I am writing to support the recently proposed changes in the regulations governing the WIC food packages so they meet the recommendations of the Institute of Medicine and the National Academies. Our program, the California Child Care Health Program, works to improve the health and safety standards and practices in California child care programs. One of the biggest challenges facing the child care community is the prevention of obesity in low income populations with limited resources for purchasing fresh fruits and vegetables. The proposed changes in the WIC guidelines will allow for a substantial shift in how children are fed in the earliest years when food preferences and eating habits are formed. Research shows that children's eating habits are formed by the time they are three. Structuring the WIC food program to provide more nutritious foods will pay off in the long run by improving the nutritional habits of the children and families served by WIC, resulting in fewer nutrition-related health problems across the lifespans of those children. It is high time for updating the WIC food package regulations that haven't been updated since 1974. We know a great deal more about nutrition and health than we did in 1974. Our government practices should reflect the "best practices" around nutrition in our programs for poor children and mothers. These changes will also benefit others in low income communities as the WIC funding stream will change what foods are available to everyone in the stores in these communities.

If we don't act now to improve the eating habits of our nation's citizens, we will pay the consequences in increased health costs in the future. I strongly urge you to implement these new revisions to the WIC food package.

Sincerely,

Vickie Leonard, RN, FNP, PhD
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IHP -9

From: jeanneluhr@netscape.net
Sent: Wednesday, August 16, 2006 3:43 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Package Rule

As a recently retired local agency WIC Coordinator in Indiana I want to applaud the new WIC food packages! As I am doing some occasional maternity-leave relief, etc. in WIC, I hope I actually get to see them implemented.

I especially think the less juice and inclusion of a check for solid fruits & vegetables is a good change. We had children drinking entirely too much juice. Our local agency was part of the Farmers' Market Nutrition Program so during the summer clients received checks for fresh produce but the new rules will allow for fruits and vegetables through WIC year-round. It is also more likely that the WIC checks for fruits and vegetables will be redeemed as they will be able to be spent at the regular grocery store rather than Farmers' Markets. (Participants complained that they couldn't find the market, there was limited selection, they couldn't get there during open hours, etc.)

I am glad to see that yogurt will be an option to substitute for some of the milk. The fortified soy milk for women will help a few women but I am concerned that the current proposal does not allow the fortified soy milk for children. If a child is diagnosed by a physician as allergic to cow milk our current option is only soy formula. I would like to see the fortified soy milk allowed for children also if the physician provides a prescription based on cow milk allergy.

Although I think the increased food packages for the exclusively breastfeeding mother and baby are nutritionally great I do not think the packages themselves will influence how long a woman exclusively breastfeeds. In our experience the limiting factors to continued exclusive breastfeeding were returning to school or work that did not allow time for breastmilk pumping or a desire on the young mother's part to leave her baby with the father or grandmother for extended periods while she did things other than child care. That is not to say I disapprove of the new packages. I do, and I think exclusively breastfeeding mothers will appreciate the changes.

Jeanne Luhr, MS, RD, LD
Louisville, Kentucky
formerly WIC Coordinator/Dietitian for Floyd County (Indiana) WIC Program for 19 years

IHP-10

WIC change comments
From: Stifter, Amber [Amber_Stifter@kphd.org]
Sent: Thursday, August 17, 2006 11:42 AM
To: WICHQ-SFPD
Subject: WIC change comments

Recommendations:

- 1) No juice - or at least less than what is currently given
- 2) Fresh fruits/veggies - larger variety (not just carrots). The farmer's market coupons are excellent, but do not provide for year round fruits/veggies

Amber Stifter, RD CD CDE
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IHP-11

Docket ID Number 0584-AD77, WIC Food Packages Rule
From: Staley, Mary [Mary_Staley@kphd.org]
Sent: Thursday, August 17, 2006 3:19 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

I'd like to comment on the new food packages for WIC-
I worked with the WIC program in Washington State and in California State for 2 years - and left it specifically because I could not condone the authorized "Fattening of America"-so to speak. I am pleased that there are new efforts being made to assist these families achieve healthier lifestyles.

I fully agree with:

- ~ adding fresh vegetables and fruits to the packages
- ~ adding whole grains to the packages
- ~ decreasing the food packages for mothers who are not breastfeeding or "partially breastfeeding" but still getting massive amounts of formula.

I disagree with:

- ~ providing less milk products for participants- they still need the calcium!!!
What they don't need is 2% or whole milk! (apart from children under 2y of course) Why not allow the same amount of milk products- but decrease the fat content allowable? For example- provide LOW FAT milk or Fat FREE for all participants (excepting <2yrs) and ONLY RD Authorization for 2% milk if the patient is UNDERWEIGHT. (Let's face it- 2% milk STILL has a whopping 5g of fat per glass- multiply this by 3-4 glasses a day recommended' and you're adding up quick) - The same can be done for cheeses! They have FAT FREE AND 1% MILK CHEESES OUT THERE!! USE THEM!

~Continued provision of JUICE is absolutely unacceptable! One orange has 60 calories and 3g of fiber, stays fresh at room temperature (so no excuses for the population without refrigeration) - and generally costs less than 10-15cents/day no matter what time of year- for 100% of ANYONE'S Vitamin C needs! These families (minus the VERY RARE EXCEPTIONS) are using the juices like water and drinking or giving their children 8-24oz A DAY which provides NO fiber, and adds up to 130-400 liquid calories a day! They would come in telling me they ran out of juice after the first WEEK of their month's food packages. Let's not fool ourselves here with what is really happening- We have PERFECTLY suitable alternatives (such as LIGHT juices now, which provide half the calories and ALL the Vitamin C- even CRYSTAL LIGHT makes an ORANGE JUICE THAT HAS 0 CALORIES AND 100% daily Vitamin C!!!) The juice abuse is rampant- and should only be authorized if a child has some chew/swallow

disorder which prevents them from appropriate food introduction. I say- if they want juice- give them the oranges and let them squeeze it themselves!

I realize that the program was created with the intent of preventing malnutrition- but of the thousands of WIC families I served during my time with the program- I can honestly say that was only a handful of the participants (and by handful, I mean MAYBE 20 families) that actually HAD someone who was malnourished. The other 980 families either had at least 1 child that was overweight/obese and/or rotting their teeth out with juice. I do hope that this change in the food plans is APPROPRIATE to achieve the change needed- not just band-aids that are being tacked on to improve the bad rap that WIC has been plagued with over the past years. If you are looking for EFFECTUAL change- you have to make the changes big enough to make the IMPACT- not just to "look good".

Mary D. Staley
Registered Dietitian, Diabetes Educator
Diabetes and Nutrition Education
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IHP-12

From: WebMaster@fns.usda.gov
Sent: Friday, August 18, 2006 7:40 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Elizabeth Di Biase
EMAIL: ebethdibiase@hotmail.com
CITY: APO
STATE: AE
ORGANIZATION:
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: August 18, 2006
Time: 07:39:51 AM

COMMENTS:

I strongly encourage the proposed rule, especially allowing whole fruits and vegetables in place of the over-abundance of juice that currently is allowed on WIC. As a dietitian I stress limiting juice for children and increasing fiber across all ages. Currently WIC packages give contradictory information by allowing juice and non-whole grain cereal. The inclusion of soy milk and yogurt is also a step in the right direction. I propose that the yogurt be ulow-fat, unsweetened and with live cultures. I would also like to suggest the inclusion of organic products especially eggs, milk and yogurt. Organic products are slightly more expensive but the increased acceptance and availability will push the prices down. Hormone free dairy would greatly benefit our children. Thank you.

IHP-13

From: WebMaster@fns.usda.gov
Sent: Saturday, August 19, 2006 5:08 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Colleen T. Fogarty, M.D., M.Sc.
EMAIL: colleen_fogarty@urmc.rochester.edu
CITY: Rochester
STATE: NY
ORGANIZATION:
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: August 19, 2006
Time: 05:07:56 PM

COMMENTS:

Very important to consider issuing vouchers for fresh fruit and vegetables, and consider lowering fat on dairy products. It would also be important to consider the preference of local fresh produce in individual markets where available and appropriate.

IHP-14

From: Jill Jank, MS, RD, LMNT [jilljank@neb.rr.com]
Sent: Thursday, August 24, 2006 8:42 PM
To: WICHQ-SFPD
Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule

"Docket ID Number 0584-AD77, WIC Food Packages Rule,"

Dear Sirs,

I read recently that part of the WIC changes for food include reducing the eggs allowed. As a nutrition expert (Registered Dietitian) I just wanted to say that eggs are a highly nutritious food. Considering the low cost. The effect they have on blood cholesterol levels is minimal in spite of the bad press they've had for years. I would encourage you to reconsider any changes to egg purchasing. WIC clients should be encouraged to include more eggs not less.

Thanks for your consideration.

Jill Jank, MS, RD, LMNT
5000 Starling Drive
Lincoln, NE 68516
jilljank@neb.rr.com
402-488-8851

IHP-15

From: CMWNUTRI@aol.com
Sent: Monday, August 28, 2006 12:49 AM
To: WICHQ-SFPD
Subject: Docket#0584-AD77 Wic Food Packages

Dear Patricia Daniels Director:

Decreasing eggs and milk for children and pregnant or breastfeeding women is the wrong move. To decrease obesity the basic rules of nutrition apply. Decrease energy while at the same time increase protein of the diet. Milk and Eggs are two of the best protein sources.

Higher protein to the late pregnant female will also result in higher quality first milk for the infant. This will result in a more healthy infant.

I find it interesting that baby dairy calves are being fed a higher protein diet. To increase Protein; eggs and dry milk are being used.

The WIC program is a great program. Lets keep it that way with by making good decisions.

Best Regards: Calvin M Willis Ph.D. CMW Nutrition

IHP-16

From: Fujii, Ann [AnnFujii@salemclinic.org]
Sent: Monday, August 28, 2006 8:16 PM
To: WICHQ-WEB
Subject: Comments on proposed WIC food package

Dear WIC Program Planners, I would like to congratulate your efforts towards the improvements in the food package.

As a Clinical Dietitian and Certified Diabetes Educator, I regularly see patients of all ages who need to decrease the calories, fat and sugar they consume to treat or prevent obesity, diabetes and other health problems associated with nutrition.

The very positive influence of adding fresh and processed fruits and vegetables while decreasing the juices is going to improve the fiber intake and decrease the calories consumed. We see this in our medical clinic plus it is demonstrated in research by the University of Pennsylvania food studies.

Plus allowing canned beans and peas is very practical, because these foods will only help increase fiber and protein if they are eaten, which most will consume if convenient, such as from a can or frozen, but not nearly as convenient if dried.

And fish is regularly recommended by our physicians and educators as low fat, high omega3 replacements for red meats, eggs and cheeses to help prevent the number one cause of death in this country: heart disease.

Switching to whole grains is increasing fiber and nutrition, but if you can not build enough political/financial support to do all the changes, this one could be left out. People eat plenty of grain, it is just not the healthier whole grains.

I assume the powerful dairy lobby might oppose the decreases in milk and cheeses. I hope they do not override the benefit you have planned in these package changes.

I think you have hit a home run with these package changes and hope they come to pass for health of women infants and children who need your help eating healthier. Please let me know if they are adopted or if changes are made. Thank you,

Ann Fujii, MPH, RD, CDE
Dietitian
Salem Clinic
2020 Capitol Street NE
Salem, Oregon 97301
503-375-7417

IHP-17

From: Daniel Peterson [gldpete@yahoo.com]
Sent: Saturday, September 02, 2006 10:14 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

I am a breastfeeding mom and a La Leche League Leader. I am writing to tell you that I think the proposed changes to the WIC food packages are a wonderful step in helping to improve nutrition for moms and babies in the WIC program. The encouragement of breastfeeding and whole foods is very positive. I hope you will implement these changes.

Thank you for your consideration,
Lynn Peterson
gldpete@yahoo.com
P.O. Box 992
MSU, MS 39762

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IHP-18

From: kathleen kearns [kathleen_kearns@hotmail.com]
Sent: Monday, September 11, 2006 1:14 PM
To: WICHQ-SFPD
Subject: proposed changes to WIC food packages

To the FDA

As a family physician serving low-income populations in California, I resoundly support the proposed changes in WIC food packages. I commend the restriction of formula until one month, to encourage exclusive breast feeding, rather than the pervasive trend toward constant supplementation (which usually leads to exclusive formula feeding within weeks to months). Finally, policy makers were able to overcome the juice industry and eliminate juice---hurray! It erases the confusion when WIC practices directly contradict the doctors' advice.

Thank you for joining the fight against obesity.

Dr. Kathleen Kearns
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Turlock, CA 95380
(209)664-8005

IHP-19

From: WebMaster@fns.usda.gov
Sent: Monday, September 11, 2006 3:20 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Judy Phillips
EMAIL: jphillips@sehc.org
CITY: Boston
STATE: MA
ORGANIZATION: South End Community Health Center
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: September 11, 2006
Time: 03:20:00 PM

COMMENTS:

these changes are necessary to prevent childhood obesity and chrnoic diseases later in life

IHP-20

From: Kathy Conyer [Kathy.Conyer@dciinc.org]
Sent: Tuesday, September 12, 2006 11:16 AM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77 WIC Food Package Rule

To Whom It May Concern:

I think the proposed changes to the current WIC program are great. I think this will make the food packages more culturally diverse and help emphasize the importance of a well-balance diet. Thank you for considering the changes.

Sincerely,
Kathy Conyer, RD, LD

IHP-21

From: Maria Cecilia Mosquera [mariaceciliamosquera@yahoo.com]
Sent: Wednesday, September 13, 2006 1:46 PM
To: WICHQ-SFPD
Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule,"

To Whom It May Concern:

My name is Maria Cecilia Mosquera, M.D., and I am a Pediatric Resident Doctor in Palo Alto, California, serving a large proportion of parents predominantly in East Palo Alto, California, using WIC services and receiving your WIC food packages .

I appreciate the changes you are making to the WIC package to make them more nutritious for children and their families in this era of the ever-expanding problem of obesity in adults and children.

I commend you for:

- Adding fruits, vegetables, and whole grains to the package for the first time (page 2 article (1))
- Ensuring that the packages provide less saturated fat, cholesterol, total fat, and sodium for women and children (page 3 article (1))
- Increasing nutrient density while keep calories the same or lower (page 3 article (1))
- Encouraging breastfeeding (page 3 article (1))
- Authorizing the use of WIC cash-value food instrument in Farmer's Markets (page 17 article (1))
- Deleting from the package juice for infants 4-11.9mo of age in order to follow the AAP recommendations to delay juice introduction until after the age of 6 months as quoted by you on (page 3 article (1)) and as stated by the AAP (2).

However, I commend you to change the following in your new WIC packages:

- For children "1-4.9y of age," deleting completely rather than just reducing the "Vitamin C enriched unsweetened 100% fruit juice and/or vegetable juice" and substituting it for more real fruits and vegetables. As stated by you (page 20 article (1)), the AAP states that "juice provides no additional nutritional element beyond that of whole fruit." Thus, I am concerned that though you are recommending not allowing "more than 4-6 fluid oz/day for infants above the age of 6 months" (page 7 article (1)), as the AAP states for toddlers and young children: "because juice is viewed as nutritious, limits on consumption are not usually set by parents" (2).

I am concerned that juice calories that can easily turn to extra calories in the context of decreased physical activity and environmental risk factors (3) that

many of our WIC children face may help lead to more overweight children in the WIC community and that juice in the context of inadequate mouth cleansing may lead to more dental caries (2) in children in the WIC community. Children are vulnerable in that they rely on parental behavior to "self-regulate energy intake" (3). Until perceptions of juice as "nutritious" (2) are modified in children's parents and all parents have sufficient tools and knowledge needed to keep their families healthy, I believe it is best to eliminate juice completely from the diet and replace it in your WIC packages with real fruits and vegetables.

Thank you for your time and effort.

Maria Cecilia Mosquera, MD
mariaceciliamosquera@yahoo.com

REFERENCES:

(1) "Federal Register. Part II. Department of Agriculture Food and Nutrition Service 7 CFR Part 246. Special Supplemental Food Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages: A Proposed Rule" dated Monday August 7, 2006."
<http://www.fns.usda.gov/wic/regspublished/foodpackagesrevisions-proposedrulepdf.pdf>

(2) AAP Policy Statement: "The Use and Misuse of Fruit Juice in Pediatrics" by the Committee on Nutrition in PEDIATRICS Vol. 107 No. 5 May 2001, pp. 1210-1213.
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/5/1210>.

(3) AAP Policy Statement: "Prevention of Pediatric Overweight and Obesity" by the Committee on Nutrition in PEDIATRICS Vol. 112 No. 2 August 2003, pp. 424-430
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/424>

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IHP-22

From: Itani, Rima [Rima.Itani@uhhs.com]
Sent: Monday, September 11, 2006 3:23 PM
To: WICHQ-SFPD
Subject: WIC time for change

It will be wonderful for WIC to be able to match the current dietary guidelines for whole grain, fruits and vegetable intake rather than the juice that is now being provided; juice contributes to poor blood sugar control and displaces more nutritious foods in the diet. Juice should especially not be offered to any infant and very little juice drinking should be encouraged in children. Rather, fresh fruits and veggies can be provided in conjunction with fun classes for ideas for preparation and storage to encourage intake.

It will still be very important, I think, for the food packages to include enough provisions for good quality dairy and for peanut butter.

Thank you.

Rima M. Itani, MS, RD, LD
Clinical Dietitian
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Phone: (216) 844-3307

IHP-23

From: WebMaster@fns.usda.gov
Sent: Thursday, September 21, 2006 11:47 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Monika M. Woolsey, MS, RD
EMAIL: monika@afterthediet.com
CITY: Phoenix
STATE: Arizona
ORGANIZATION: After the Diet Network
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: September 21, 2006
Time: 11:47:26 AM

COMMENTS:

To Whom It May Concern,

In reading the letters submitted by others, I notice a consistent concern regarding the mercury content of tuna. If tuna is not included in these packages, I do not see where any other included food will reasonably replace the eicosapentaenoic acid and docosahexaenoic acid that this food provides. These omega-3 fatty acids are crucial for the prevention of a wide range of inflammatory disorders and mental diagnoses. Research is beginning to suggest their contribution to the prevention of obesity as well. DHA and EPA are minimally converted from alpha-linolenic acid, so the essentiality of including some type of fish in the diet appears to be crucial to both the health of mother and baby. All seafood contains DHA and EPA, so any accommodation that promotes the consumption of seafood, not just tuna or salmon, would benefit the lives of WIC participants. You may also wish to consider including omega-3 (DHA-containing) eggs. In addition, reducing foods containing the oils increasingly being recognized as pro-inflammatory (soybean, corn, all high omega-6-containing oils) needs to be attended to, as the overall ratio of omega-6 to omega-3 fatty acids in the diet appears to be a crucial determinant of how much influence pro-inflammatory conditions can have in the overall health of an individual.

Thank you for your consideration.

Monika M. Woolsey, MS, RD
<http://www.afterthediet.com>

IHP-24

From: McNeil, M Francie [MMcNeil@nebraskamed.com]
Sent: Monday, September 25, 2006 11:33 AM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

The WIC program should reflect current knowledge about nutrition and health. This includes the elimination of fruit juices as well as the inclusion of fresh fruits and whole grains.

It is difficult to educate parents with overweight children that just because WIC gives you juice and it's 100% juice, that it is potentially contributing to the overweight problem of their child(ren).

WIC has an opportunity to help turn the tides of childhood obesity.

Please, on behalf of our pediatric patients re-consider what you are using for nutrition. We can do better, we must do better.

Francie McNeil RN BSN
Pediatric Case Manager
UNMC Physicians Pediatric Clinic
989400 Nebraska Medical Center
Omaha, Nebraska 68198-9400
direct-402-559-6755
fax 402-559-7929

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IHP-25

From: WebMaster@fns.usda.gov
Sent: Tuesday, September 26, 2006 4:06 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Bobbie Rose RN
EMAIL: brose@ucsfchildcarehealth.org
CITY: Oakland
STATE: CA
ORGANIZATION: California Childcare Health Program
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: September 26, 2006
Time: 04:05:44 PM

COMMENTS:

I support the changes. Including soy beverages will help many who are allergic or intolerant to dairy products. Thank you.

IHP-34

From: WebMaster@fns.usda.gov
Sent: Monday, October 02, 2006 12:12 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Isleen Glatt
EMAIL: isleen@cruzio.com
CITY: Santa Cruz
STATE: CA
ORGANIZATION: speaking as private citizen
CATEGORY:
OtherCategory: Public Health Professional
Date: October 02, 2006
Time: 12:11:52 PM

COMMENTS:

I strongly support the proposed new rules for WIC food packages. These reforms are long overdue to reflect the current science on nutrition and our terrible obesity epidemic, which is disproportionately affecting low-income people who have less access to healthy food. The additional funding for fruits and vegetables is especially vital.

Although I do not have the authority to speak on behalf of my employer, I am writing as citizen, taxpayer, and public health professional. I work with a Medicaid managed care health plan serving very low-income people, many of whom rely on WIC to support nutrition during pregnancy, nursing, and early childhood. We see the consequences of poor nutrition and obesity starting from early childhood. We are also grateful for the wonderful educational materials developed by WIC that we distribute to our members and medical providers, so please continue those aspects of funding for WIC.

Isleen Glatt, MPH
Health Educator
130 Glenwood Avenue
Santa Cruz, CA 95060

IHP-36

From: WebMaster@fns.usda.gov
Sent: Wednesday, October 04, 2006 3:25 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Deborah Nix
EMAIL: mdnix@jccomp.com
CITY: Fairfield
STATE: California
ORGANIZATION: contra costa county health services
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: October 04, 2006
Time: 03:24:51 PM

COMMENTS:

Among the Additons for the WIC package were canned fish choices such as salmon or sardines. The USDA has alerted the public in the past to high toxins in salmon from certain fish farms. Would the orgin of the salmon be checked so as to guarantee the safety of the canned fish?

IHP-37

From: WebMaster@fns.usda.gov
Sent: Thursday, October 05, 2006 3:15 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Kelly Quinn
EMAIL: kquinn@laclinica.org
CITY: Vallejo
STATE: CA
ORGANIZATION: La Clinica Vallejo
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: October 05, 2006
Time: 03:14:47 PM

COMMENTS:

I strongly support the proposed new WIC food package. It is much needed for our low-income mothers and children. It will assist them in obtaining the foods they need to be healthy and also provides a greater incentive for breastfeeding.

IHP-38

From: WebMaster@fns.usda.gov
Sent: Thursday, October 05, 2006 4:27 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Linda Roberts, MPH
EMAIL: lindajr@pacbell.net
CITY: Los Angeles
STATE: CA
ORGANIZATION: CA Nutrition Network
CATEGORY: Other
OtherCategory: Nutrition Educator
Date: October 05, 2006
Time: 04:26:57 PM

COMMENTS:

I am writing to support the recently proposed changes in the regulations governing the WIC food packages so they meet the recommendations of the Institute of Medicine and the National Academies. Our program, the California Child Care Health Program, works to improve the health and safety standards and practices in California child care programs. One of the biggest challenges facing the child care community is the prevention of obesity in low income populations with limited resources for purchasing fresh fruits and vegetables. The proposed changes in the WIC guidelines will allow for a substantial shift in how children are fed in the earliest years when food preferences and eating habits are formed. Research shows that children's eating habits are formed by the time they are three. Structuring the WIC food program to provide more nutritious foods will pay off in the long run by improving the nutritional habits of the children and families served by WIC, resulting in fewer nutrition-related health problems across the lifespans of those children. It is high time for updating the WIC food package regulations that haven't been updated since 1974. We know a great deal more about nutrition and health than we did in 1974. Our government practices should reflect the "best practices" around nutrition in our programs for poor children and mothers. These changes will also benefit others in low income communities as the WIC funding stream will change what foods are available to everyone in the stores in these communities. If we don't act now to improve the eating habits of our nation's citizens, we will pay the consequences in increased health costs in the future. I strongly urge you to implement these new revisions to the WIC food package.

IHP-39

From: WebMaster@fns.usda.gov
Sent: Thursday, October 05, 2006 4:41 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Siri Perlman
EMAIL: siri.perlman@gmail.com
CITY: Redondo Beach
STATE: CA
ORGANIZATION: California Nutrition Network
CATEGORY: IndividualHlthProfessional
OtherCategory:
Date: October 05, 2006
Time: 04:40:32 PM

COMMENTS:

I fully support providing WIC participants with fruits and vegetables, rather than only juice (and lots of it). Alternative protein sources are also a great addition to WIC services.

IHP-41

From: jlr57@cornell.edu [mailto:jl57@cornell.edu]
Sent: Wednesday, October 11, 2006 9:42 AM
To: Daniels, Patricia
Subject: WIC food package rule

Dear Patricia Daniels,

Re: REF Docket ID Number 0584-AD77-WIC Food Package Rule

As a community nutrition educator for the Cornell Cooperative Extension over the past eight years and as a graduate of the Tufts University School of Nutrition, I would like to give my overall support for the proposed regulations to improve the WIC program, specifically by increasing the allocation of fresh fruits and vegetables. While in graduate school, I worked on a project to increase the allocation of WIC farmer's market coupons, and over the years, working with WIC recipients, their overall plea to me is for some way to increase their access to fresh fruits and vegetables. I would like to support the provision that allows farmers' markets as eligible WIC vendors. Please don't let these new rules in any way impinge upon the current WIC Farmers' Market Nutrition Program or its FMNP funding. Also, to increase the consumption of a variety of fresh produce, please do not limit the type of fresh fruits and vegetables that may be purchased with the new fruit and vegetable coupons.

Thank you very much for your time and for this exciting opportunity for participants of the WIC program. It helps to give me hope to increase their overall nutrition through greater access to healthy fresh produce.

Sincerely,

Jennifer L. Cherelin

IHP-42

From: Procter, Sandy [procter@humecc.ksu.edu]
Sent: Thursday, October 12, 2006 12:09 PM
To: WICHQ-SFPD
Subject: 0584-AD77, WIC Food Packages Rule

Re: Proposed WIC Food Package changes

Dear sir or madam:

I support the proposed changes in the WIC Food Package. The inclusion of fruits and vegetables and whole grains is a huge step in the right direction for the health of WIC participants. The proposed decrease in high fat dairy products and decrease in juice are additional healthful benefits of the proposed package. These suggested changes reflect current nutrition research. The WIC audience has the right to benefit from changes that persons with higher incomes can easily access.

Fruits and vegetables have been shown to play an important role in weight control. Healthier eating can lead to fewer healthcare costs -- a concern that all persons in our country share. We would be shortsighted to prevent this vulnerable population from selecting and eating the healthiest foods available, only to deal with obesity, chronic illness and disease later on.

Please adopt the recommendation.

Sandy Procter, PhD, RD

IHP-43

From: Jo Marie Kadrmas [jkadrmas@nd.gov]
Sent: Thursday, October 12, 2006 3:24 PM
To: WICHQ-WEB
Subject: New WIC Food Package Proposal

To Whom It May Concern:

Hello,

I am in favor of the new proposed changes to the WIC food packages for women, infants, and children. I am very glad that attempts are being made to offer healthy choices in appropriate quantities to our clients. I support the changes fully to reward breastfeeding mothers and to improve the health of our children.

Thank you,

Jo Marie Kadrmas, LRD, CLC

IHP-74

From: WebMaster@fns.usda.gov
Sent: Friday, October 06, 2006 5:06 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Debra A. Boutin, MS, RD. CD
EMAIL: dboutin@bastyr.edu
CITY: Seattle
STATE: wa
ORGANIZATION: Bastyr University
CATEGORY: Other
OtherCategory: Educator
Date: October 06, 2006
Time: 05:06:26 PM

COMMENTS:

I applaud the proposed changes to the WIC Food Package. The addition of fresh produce and other fruits and vegetables, together with the elimination or reduction of juice, supports a more nutrient dense, and less calorically-impactful food choice in this time of epidemic childhood obesity. The calcium rich non-dairy food options of tofu and soy beverages are important additions for those with lactose intolerance, milk allergies or dairy sensitivities. Canned legumes as an option to fresh are nutritionally similar, while requiring no preparation and ease in adding to salads, soups, stews or ethnic dishes. Canned fish is a protein-dense and preparation-free food option. And whole grain bread products offer nutrient density beyond what is marketed on the nutrition labels. As a registered dietitian and nutrition professor, I believe that the benefits of "whole foods" - those minimally processed and more nutrient-dense, are many; the naturally higher density of water in these foods increases their volume, and the fiber slows digestion, both of which contribute to an earlier feeling of fullness and satiety. Including a wider variety of such foods in the diets contributes to reduced intake in those aware of their satiety cues. By incorporating foods such as these proposed in the WIC Food Packages, the fight against obesity is supported, while children and young mothers learn to eat healthier food options.

I recommend the proposed changes to the WIC Food packages, and encourage those in authority to approve these changes.

IHP-75

From: Alison Hoppin [ahoppin@partners.org]
Sent: Tuesday, October 10, 2006 7:31 PM
To: WICHQ-SFPD
Subject: =?ANSI_X3.4-1968?Q?=3FDocket_ID_Number_0584-AD7?=
=?ANSI_X3.4-1968?Q?7,_WIC_Food_Packages_Rule,=3F?=?

Patricia N. Daniels
Director, Supplemental Food Programs Division Food and Nutrition Service USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

“Docket ID Number 0584-AD77, WIC Food Packages Rule,”

Dear Ms. Daniels:

I am writing to express my strong support for the efforts to revise the WIC food packages. As you know, our country is rapidly falling into a nutritional crisis, in which both obesity and undernutrition affect short-term and long-term health. As an expert in childhood obesity, I am aware of increasing evidence that providing high-quality nutrition during early childhood is critical to prevent the later development of obesity. Notably, this appears to be related not only to learned behaviors (children learning to eat and enjoy healthy foods), but probably also involves "metabolic programming", in which nutritional exposures at critical times in life contribute to a lifelong predisposition to obesity.

The population served by the WIC program is at high risk for future obesity and also for undernutrition. The proposed improvements in the food packages include vegetables, fruits, and high-quality proteins, rather than juices and low-quality carbohydrates. These are appropriate and likely effective interventions in an effort to reduce childhood obesity, and obesity in the next generation of adults. These new WIC food packages are in alignment with the 2005 US Dietary Guidelines and other national nutrition guidance, including those of the American Academy of Pediatrics.

I support USDA's proposal to revise the WIC food package and urge USDA to finalize the rule as soon as possible.

Alison Hoppin
MGH Weight Center
50 Staniford St.
Boston, MA 02114

HP-76

From: Judy McCurdy [mccurdyjudy@lrbcg.com]
Sent: Monday, September 25, 2006 10:11 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

From: Judy McCurdy RN, IBCLC, Ohio Lactation Consultant Association, Ohio.

In regards to your proposal for new food packages. I applaud your effort to support breastfeeding and I am sure that you have received much input about the changes. I would like to add my opinion to the group. First as much as I would like to see breastfeeding moms not getting any formula my experience with low income women is that if you try and get them to commit to only breastfeeding or only formula feeding the majority will tell you they are formula feeding. Even if they aren't. I personally would like to see a better definition for breastfeeding and more flexibility in the amount of formula given out. This will give the health professionals a better chance of helping that mom over come her concerns and still continue to breastfeed. Low income moms have many stress factors and real concerns about returning to work. You can try to coax them by offering a nice food package but if you make them choose one or the other I believe most of them will choose not to give up the formula. Until we have better support in the work place and until all health professionals who come in contact with breastfeeding moms are truly supportive by denying moms the option of getting formula in the early weeks we will have the opposite effect from what we want.

Sincerely Judy McCurdy

OCT 13 2006



The
UNIVERSITY
of VERMONT

Office of Health Promotion Research

COLLEGE OF MEDICINE
ONE SOUTH PROSPECT STREET
BURLINGTON, VERMONT 05401-3444
Tel. (802) 656-4187 FAX (802) 656-8826
Web Site: www.uvm.edu/~ohpr

October 11, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

IHP-97

Dear Ms. Daniels,

I have recently reviewed the proposed changes to the WIC food packages and strongly endorse these changes.

We have learned a lot about nutrition, especially for infants and children, over the three decades since the WIC food package was last revised. There is very strong evidence to support the benefits of proposed changes increasing the proportions of fruits, vegetables, and whole grain foods and other changes that upgrade the nutritional value of the food package. The proposed changes align the WIC food package more closely with current recommendations from the U.S. Dietary Guidelines, the American Academy of Pediatrics, and other evidence-based guidelines.

WIC has an enormous impact on the health of infants and children in the State of Vermont because of the high proportion of the population participating and because of the critical role that the WIC food packages play in shaping the types of foods consumed by these children. A healthier selection of foods will have a positive impact on the health of our children. The supplemental early feeding packages that WIC provides also is likely to have a substantial impact on development of food preferences. Exposure to healthier foods early in life is likely to result in healthier food choices as children become independent eaters, and reduce the risk of excess calories and other imbalances in food consumption that contribute to multiple health risks.

Many thanks for your efforts to improve the nutritional health of our children.

Sincerely,

Brian S. Flynn, ScD
Director, Office of Health Promotion Research
Professor of Family Medicine



UNIVERSITY of CALIFORNIA
Agriculture & Natural Resources



COOPERATIVE EXTENSION • SAN LUIS OBISPO COUNTY
2156 Sierra Way, Suite C • San Luis Obispo, CA 93401-4556
Telephone (805) 781-5940 Fax (805) 781-4316

OCT 17 2006

October 17, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

IHP-101

Dear Ms. Daniels:

Thank you for your efforts to bring the USDA WIC food packages in closer alignment with the 2005 Dietary Guidelines for Americans, along with the feeding recommendations of the American Academy of Pediatrics for children less than 5 years of age.

The WIC Food Package Proposed Rule offers the most significant and substantive changes to the food packages since the Program's inception in 1974.

The proposed changes add much needed fruits and vegetables, whole grain bread and cereal products, soymilk, tofu and canned beans to the food packages. These changes substitute baby fruits and vegetables for juice in all infant food packages, an important step towards improved nutrition and reduced tooth decay. Additionally, the proposed packages provides greater quantities and a wider varieties of foods for exclusively breastfeeding mother/infant pairs, reduces formula quantities to partially breastfeeding infants and fully formula fed infants after 6 months of age. This is an important change to enhance breastfeeding efforts. The elimination of whole milk options for adult participants and children 2 years and older will provide the important nutrients of milk, with less fat and calories.

The proposed changes provide a greater variety of high nutrient food choices to the WIC participants, lowers saturated fat and cholesterol in the food packages, allow WIC to better meet the food preferences of its culturally diverse population, better support and promote breastfeeding, reinforce WIC's nutrition education messages, and are cost-neutral.

The revised food packages will help many of our nation's most vulnerable families establish healthy eating habits, which are key to preventing obesity, diabetes, heart and other nutritionally related diseases.

Implementing the proposed new food packages is important. I also recommend that the USDA re-evaluate the WIC food package on a more frequent interval (every 3-5 years) using the most current evidence-based nutritional recommendations. This will allow WIC to continue to provide the best mix of healthy foods to women and children during the most nutritionally vulnerable period of their lives.

I urge USDA to support and finalize the rule as soon as possible.

Sincerely,



Shirley Segna Peterson, MS, RD
Extension Advisor
Nutrition, Family & Consumer Sciences

IHP-104

OCT 24 2006

Dear Sirs,

As a registered dietitian, and certified health educator, I feel it is important to address the proposed changes to the WIC food package.

I am concerned that the proposed rule limits the options for milk substitution within the dairy group, which is not consistent with the 2005 Dietary Guidelines for Americans recommendations for dairy foods, and may make it difficult for women and children to meet their nutrient needs.

The milk group is a major contributor of dietary calcium, and a substantial contributor of vitamin A, potassium and magnesium. The 2005 Dietary Guidelines state that milk alternatives within the milk food group, such as yogurt and lactose-free milk, are the easiest and most reliable way for those sensitive to lactose to derive the health benefits associated with milk and milk products. Please consider lactose free milk as an alternative.

The proposed rule also decreases the amount of cheese allowed for substitution of milk. At the same time, the proposed rule allows women and some children to substitute tofu or fortified soy-based beverages for milk; however, only soy beverages fortified to resemble the nutrient package in milk would be allowed.

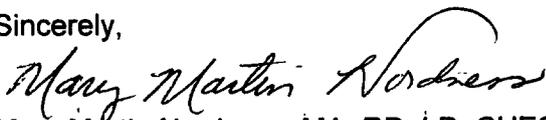
When you compare the nutrients in tofu and milk, tofu cannot adequately replace all the dairy nutrients. Yogurt and cheese are often well-accepted by those sensitive to lactose, and also appeal to varied cultural food preferences.

Both the Dietary Guidelines and the WIC program recognize the importance of dairy foods in healthy diets, which supply a unique package of nutrients, including calcium, potassium and magnesium which are lacking in the diets of many Americans including WIC participants. While the WIC food packages in the proposed rule provide the age-appropriate number of servings recommended by the 2005 Dietary Guidelines for most groups, that amount is a reduction in dairy from the current WIC packages, which provide up to four servings per day.

The 2005 Dietary Guidelines and MyPyramid set up a foundation for a healthy diet by recommending Americans choose three servings of low-fat or fat-free milk and milk products each day. The 2005 Dietary Guidelines recognize that people who consume more dairy foods have better overall diets, consume more nutrients and have improved bone health.

I sincerely hope you will take this information under advisement and reconsider the proposed changes to the WIC package.

Sincerely,



Mary Martin Nordness, MA, RD, LD, CHES
Mother, Grandmother and Dietitian
2717 Whistler Lane
Hampton Cove, AL 35763

OCT 23 2006



SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Community Health Sciences

HP-105

October 19, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
US Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Proposed WIC Food Packages Rule 0584-AD77-WIC

Dear Ms. Daniels:

I would like to express my full support for the proposed rule regarding the revised WIC food package.

I am the Chair of the Department of Community Health Sciences at the Tulane University School of Public Health and Tropical Medicine. Among the most important topics I address are our modern obesity epidemic and related cardiovascular diseases. The WIC program effectively establishes government-sanctioned standards for nutrition that have far-reaching effects in determining the foods that are sold, purchased, and eaten even beyond WIC participants. The current WIC food package is severely out of date and I believe contributes to our chronic disease problems. The revisions are a major step forward in remedying this problem. In particular, I support: 1) strong rules to promote breast feeding, 2) increasing servings of fruits and vegetables, and 3) reducing the amount of dairy products and allowing substitution of calcium-rich soy products for dairy products.

I hope the final version of these regulations will follow these initial proposals.

Sincerely,

A handwritten signature in black ink that reads 'Thomas Farley'.

Thomas Farley, MD MPH
Professor and Chair

IHP-107

From: Kristin Shipman [west_kris@hotmail.com]
Sent: Tuesday, September 19, 2006 5:04 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

To Whom it May Concern:

I'm writing in regards to the proposed WIC food package. As a student dietetic intern with a Masters in Public Health I support the changes to the WIC food package. Research continually supports an increase in the intake of fruits and vegetables. Healthy People 2010, under Objective 19-5 and 19-6 wants to see an increase in the consumption of fruits and vegetables in people 2 years of age and older. Decreasing the intake of milk, eggs, cheese, and juice will coincide with the CNPP's (USDA) Food Guide Pyramid.

Decreasing the amount of formula will create a stronger incentive for mothers to breastfeed increasing the number of healthy babies. Changing to lowfat milk for older children will help decrease calorie intake. With the current wealth of knowledge and a country in which the obesity epidemic has reached epidemic proportions the time to ACT is now! I urge a speedy implementation of the proposal. Please give nutrition practioners the policies tools they need to implement changes toward a healthier lifestyle for all.

Thank you for your time,

Kristin Shipman, MPH

Henry A. Dymsha OCT 27 2006

15 Blueberry Drive
East Greenwich, Rhode Island 02818

October 26, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
USDA Food & Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302

HP-111

RE: Docket No. 0584- AD 77. WIC Food Packages Rule

Dear Ms. Daniels:

As Professor Emeritus of Nutrition at the University of Rhode Island, I am keenly aware of the cost-effective merits of the WIC Program which has helped millions of women, infants and children for 32 years. I am also aware of the struggle to secure sufficient funding to help an estimated 6 million clients in 2007.

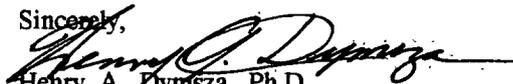
It is also apparent that all is not well with our health status. A major problem in adults is the overweight and obesity epidemic which is affecting many children. Other problems include prediabetes, diabetes, heart disease and cancer.

It was, therefore, appropriate to have a committee of the Institute of Medicine of the National Academy of Science review the WIC Food Package. Implementation of their report WIC FOOD PACKAGES; TIME FOR A CHANGE is advocated. The recommendations to conform to HHS and USDA January 2005 Dietary Guidelines for Americans and current recommendations of AAP would bring WIC up to current scientific nutritional standards.

After reviewing the the proposed changes for WIC, I have a few suggestions for WIC to consider:

1. A medically approved schedule of exercise as walking during and after pregnancy, with attention to proper weight control during the various stages.
2. Including calcium and vitamin D soy beverage as a milk substitute needs more careful review for effectiveness, cost and possible gastrointestinal and allergic effects.
3. While canned fish as light tuna and salmon may contain less contaminants as mercury in conventional fish, the whole question of consumption of fish in pregnancy needs more review. As an alternate to fish, consider fish oil supplements for omega-3 fatty acids tested to be free of mercury, PCBs and other toxins that accumulate in fish.
4. Some attention should be given to the oral health of WIC participants. A chronic gum infection can lead to inflammation that may affect pregnancy.

In summary, with adoption of the recommendations of the Institute of Medicine, the WIC Program will continue to help low-income families consume healthier diets.

Sincerely,

Henry A. Dymsha, Ph.D.

October 24, 2006

OCT 25 2006

EHP
115

Dear Ms. Daniels

I have been a school nurse (RN) for the past 17 years in the state of California. I have watched the epidemic of childhood obesity unfold before my eyes and felt helpless in doing anything about it. I now feel compelled to write you and plead that you will help the state of California pass the legislation necessary to put into practice the new WIC Food Packages, Proposed Rule, and Docket ID Number 0584-AD77

I urge the USDA to conduct its analysis of the comments on the Proposed Rule quickly and efficiently, and publish a Final Rule by mid-2007 at the very latest. WIC families should not have to wait any longer for better WIC foods!

I urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of the fruit and vegetable vouchers up to the IOM-recommended levels, and to keep pace with inflation \$10/ and \$8/month vouchers. This will better assist WIC families to purchase and consume fruits or vegetables each day. However, the proposed voucher levels are an excellent start and should be immediately implemented.

I support the proposals to REDUCE the amount of certain foods (milk, cheese, eggs and juice) in order to better align WIC with current Dietary Guidelines and recommendations from the American Academy of Pediatrics.

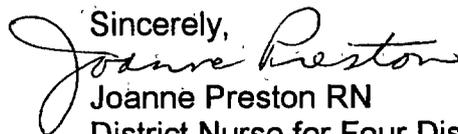
I agree wholeheartedly with the proposal to reduce juice and replace it with infant food at 6 months to support the recommendations by the American Academy of Pediatrics for introducing infants to fruits and vegetables at the appropriate age.

The provision of whole grain and soy options will allow WIC to better serve California extremely diverse young families.

The inclusion of lower-fat milk and less cheese and eggs supports adequate calcium intake, while at the same time lowering saturating fats and cholesterol in accordance with current dietary guidance.

This regulatory proposal will have a major impact on the health of women, infants and children in California and help stop childhood obesity, poor nutrition and dental status, I see in California schools.

Sincerely,



Joanne Preston RN
District Nurse for Four Districts
(2,000 students)

OCT 25 2006

2135 St. James Place
Philadelphia, PA 19103

IHP-116

04-AP

October 24, 2006

Patricia N. Daniels
WIC Director, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302
RE: Docket ID Number 0584-AD77

Dear Ms. Daniels:

I am writing to support USDA's proposed new WIC food packages rule because it will improve the health and nutritional quality of the foods offered, expand cultural food options, and increase choices for the women, infants and children in the WIC program.

Since the foods offered in WIC were last revised, there has been an explosion of knowledge related to nutrition and health, as well as a growing obesity problem in this country. The proposed new WIC food packages will strengthen WIC's positive role in helping mothers and children maintain a healthy weight and allowing them to make healthy food choices.

I commend USDA for updating the WIC food packages to reflect the Dietary Guidelines and current nutritional science by adding fruits, vegetables, whole grain bread, corn tortillas, and the option of soymilk and tofu, and moving to low-fat milk and whole grain cereals.

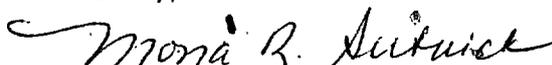
I support USDA for building in protections safeguarding the nutritional value of the new food packages for all participants by strictly prohibiting state level cuts to the new food packages.

To ensure that WIC participants can get the full value from the healthy new WIC food packages, we offer the following recommendations to strengthen the proposed rule:

- Increase the fruit and vegetable benefit by \$2 to fully meet the recommendations of the Institute of Medicine for women and children in WIC.
- Allow WIC participants to choose the kinds of fruits and vegetables they want.
- Allow WIC participants to choose healthy and culturally appropriate cereal by revising the proposed cereal standard to include whole grain corn-based (i.e. corn flakes), rice (i.e. puffed rice) and bran (i.e. bran flakes) WIC cereals.
- Remove the requirement for children to have a prescription to obtain soy milk from WIC.
- Maximize access to Farmers' Markets and the WIC Farmers' Market Nutrition Program for local seasonal fruits and vegetables.
- Establish WIC state advisory councils of stakeholders to help support and inform the planning and implementation of the new food package.

Thank you for this opportunity to share my support for the healthy WIC food packages and my recommendations to make them stronger still. I hope USDA will act quickly to issue the new food packages.

Sincerely,


Mona R. Sutnick, EdD, RD

HP-122

October 17, 2006

Primary Care Provider Staff
The Children's Hospital of Philadelphia
Primary Care Centers
C/O Jacquelyn Aveta, M.D.
225 Cobb's Creek Parkway
Philadelphia, Pennsylvania 19139

OCT 24 2006

Patricia N Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Services, USDA
3101 Park Center Drive
Room 528
Alexandria, Virginia 22302

Dear Ms. Daniels:

As Pediatricians and Pediatric Nurse Practitioners at The Children's Hospital of Philadelphia, we are contacting you in response to the proposed rule that would revise WIC food packages as outlined in the Federal Register dated August 7, 2006. Nearly all of our patient encounters are with nutritionally at-risk infants and children. The majority of these patients under the age of 5 years participate in the WIC program. This proposal will clearly have a direct impact on the lives and health of our patients.

With the substantial rise in childhood obesity and its devastating consequences, we understand the critical nature of educating our families about appropriate nutrition. Not only do our patients receive nutritional advice from doctors, nurse practitioners, and WIC nutritionists but they also make life-long decisions based upon the foods that WIC supplies. For example, since WIC does not currently provide fruits or vegetables, the message that the families receive is that this type of food is not important. On the other hand, families think that 100% fruit juice is extremely nutritious and will purchase and consume excessive amounts. The children will often drink up to their maximum daily caloric requirements in 100% fruit juice alone.

The proposal for adding fruits and vegetables to the WIC food packages is a step in the right direction. Eliminating juice from the infant food packages is also something that we applaud. The decrease in juice amounts for children under 5 years is a commendable suggestion, however we feel that juice should not be offered at all. Our families need to consume more whole fruits and vegetables and not more juice. The funding for juice would be best placed towards increasing the \$6.00 per month allowance for fruits and vegetables. The funding could alternatively be used toward recruiting more qualified WIC nutritionists to teach our families. It is not likely that our patients will suffer Vitamin C deficiency or associated iron malabsorption if WIC does not provide juice. Instead, they will experience better nutrition, more appropriate calorie consumption and overall better health.

Thank you for your consideration.

Sincerely:

Jacquelyn Aveta, MD
Chela Chappel MD
Wendy Mautner MD
Meredith MD

Amrany MD
Stephanie James MD
Libra Vailalos MD
Karen A. Orsper MD
Claudia Ferran MD
Mary B. Fabus, MD
Elizabeth M. Elliott MD
Aileen M. Evered MD
Carol Ott MD

Vivian Mallet MD

Toni Belini M.D.

Alta D. ... MD

Alta D. ... MD

Beth ... MD

R. ... MD

Angel ... MD

...

Sharon ... MD

Cherina ... MD

Sarah Cheng MD

...

John ... MD

Tim ... MD

Ranee Patel, MD

Carrie ... MD

Randy ... MD

...

Minam ... MD

Anne ... MD

Susan ... MD

OCT 30 2008

Pamela Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

HP-123

Dear Ms. Daniels,

REF Docket ID Number 0584-AD77-WIC Food Package Rule

I am writing to support the USDA's proposal to improve the health and nutritional content of WIC Food Packages:

The proposed revisions would allow farmers' markets to serve as WIC vendors. This change would acknowledge the vital role farmers' markets play in ensuring New York food security. In some neighborhoods, they are the only place to purchase fresh, affordable produce. To support farmers' market participation, the WIC rules should allow these markets to:

- participate as seasonal vendors,
- qualify automatically if they already participate in FMNP (the Farmers' Market Nutrition Program),
- be exempt from "WIC-only" cost containment requirements
- be exempt from the requirement to carry a full range of WIC food package products.

WIC recipients should have the right to select foods which are culturally appropriate. In deference to our diverse culinary heritage, the WIC program **should not restrict** the type of fresh fruits and vegetables that may be purchased with the new fruit and vegetable vouchers.

We need both the Farmers' Market Nutrition Program and the newly proposed revisions to the WIC Food Packages. To this end, the USDA should **do no harm** to the WIC Farmers' Market Nutrition Program, either by reducing FMNP funding or establishing procedures that would adversely affect its operation or effectiveness.

Thank you for giving me the opportunity to voice my support for the proposed revisions to the WIC food packages. I support the proposed changes because they benefit both family farmers working with farmers' markets, and low-income women, infants, and children who are in need of good nutrition. As the incidence of diet-related illness continues to rise, it is encouraging to see a proposal that takes a proactive, health-conscious approach. I encourage the USDA to work swiftly to implement these changes.

Sincerely,



Martha Ma
Holistic Health Counselor
Ma Ola Holistic Health Services

OCT 30 4 55 J

Northeastern Rural Health Clinics



Administration
1850 Spring Ridge Drive
Susanville, CA 96130
530-257-5563/Fax 257-6015

Billing Services
1850 Spring Ridge Drive
Susanville, CA 96130
530-257-9677/Fax 257-6015

WIC Program
2850 Main St., Suite 4, Susanville
Mail: 1306 Riverside Drive
Susanville, CA 96130
530-257-7094/Fax 251-1256

Doyle Family Practice
436-435 Old Highway Road
Mail: P.O. Box 56
Doyle, CA 96109
530-827-2104/ Fax 827-3307

Westwood Family Practice
Dr. Hagar
209 Birch Street
Mail: P.O. Box 819
Westwood, CA 96137
530-256-3152/Fax 256-2061

Northeastern Health Center
1850 Spring Ridge Drive
Susanville, CA 96130
530-251-5000

Urgent Care
530-257-4001/Fax 257-4088

Family Health,
Dr. Morgan
530-257-5335/Fax 257-8232

Family Health,
Dr. Dozier
530-257-3900/Fax 257-3943

Occupational Medicine,
Dr. Holmes
530-252-4878/Fax 252-1653

Family & Women's Health,
Dr. Davainis & Dr. Swingle
530-257-2255/Fax 257-3944

Dental Services,
Dr. Buehler & Dr. Reed
530-257-8522/Fax 257-4537

HP-125

October 24, 2006

Patricia N. Daniels, Director,
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

re: Comments on WIC food packages proposed rule,
Docket ID#: 0584-AD77

Dear Ms. Daniels,

I have recently learned about the new changes that have been proposed for the WIC food package and I am very enthusiastic to learn that they seem to be much more in line with what we think of as a healthy diet in the year 2006. I, therefore, hope that this new ruling will be implemented. I am a Family Practitioner who sees a lot of pregnant women and a lot of children, and I certainly deal a lot with the obesity epidemic in our society today. I think that these changes will help curtail that to at least some degree.

Thank you for your attention to this matter.

Sincerely,

Paul C. Davainis, M.D.
Lassen Women's Health
Northeastern Rural Health Clinics

PCD:cg/mm

OCT 30 2006

HP-129

4405 West Shannon Lakes Drive
Tallahassee, FL 32309-2217
October 30, 2006

Patricia N. Daniels
WIC Director, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77

Dear Ms. Daniels:

As a retired public health nutrition consultant who was funded by the WIC Program for many years, I am writing to support USDA's proposed new WIC food packages rule. It will improve the health and nutrition quality of the foods offered, expand cultural options, and increase choices for the women, infants and children on the WIC program.

The proposed new WIC food packages will strengthen WIC's positive role in helping mothers and children maintain a healthy weight and allowing them to make healthy food choices.

I commend USDA for updating WIC food packages to reflect the Dietary Guidelines and current nutritional science by adding fruits, vegetables, whole grain bread, corn tortillas, and the option of soy milk and tofu, and moving to low fat milk and whole grain cereals.

Thank you for the opportunity to share my support for the healthy WIC food packages. I hope USDA will quickly act to issue them.

Sincerely,

Clara Louise Augustine

Clara Louise Augustine, MS, RD, LD/N

NOV - 2 2006

14500 Juanita Drive N.E.
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(425) 823-1300
FAX (425) 823-6222
www.bastyr.edu

HP-134

November 1, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
United States Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22302

Docket ID Number: 0584-AD77-WIC Food Packages Rule

Dear Ms. Daniels:

Please accept this letter of support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages.

As an educational institution committed to the academic and professional development of future nutrition professionals, the faculty of Bastyr University's School of Nutrition and Exercise Science supports change that will enhance the health and welfare of vulnerable women, infants and children. The proposed change reflects a healthful transition towards offering more whole, unprocessed foods to this population.

The addition of fruits and vegetables to the food packages, together with a reduction in the quantity of fruit juice provided, will promote a more nutrient-dense source of essential vitamins and minerals, as well as fiber. We support the advantages that additional fruits and vegetables will offer in reducing the risks for the development of obesity and chronic diseases such as cardiovascular disease and type 2 diabetes. As advocates for local and sustainable agriculture, we strongly encourage that WIC coupons be used for the purchase of U.S. grown fruits and vegetables. With the many health benefits that fruits and vegetables provide, we also support the request to increase the cash-value vouchers for fruits and vegetables to \$10 for fully breastfeeding mothers.

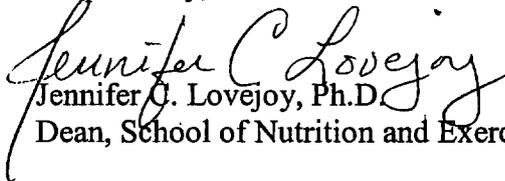
The reduction in dairy and egg quantities in food packages is also supported, together with the elimination of whole milk for participants aged two years and older. The addition of dairy milk alternatives, including calcium-set tofu and calcium and Vitamin D fortified soy beverages will more fully support the nutritional status of those who may have dairy allergies or sensitivities, lactose intolerance, and those whose culture or personal preferences limit use of dairy.

The addition of whole grain breads and cereals fully supports the Bastyr University philosophy of choosing whole foods as the most healthful choice over processed grain products. Choosing whole grain products improves fiber intake, reduces risk factors for the development of chronic diseases, and can positively support maintenance of a healthy weight. Additionally, allowing canned legumes, beans and peas as well as dried legumes supports the use of these protein and nutrient-rich foods in their whole form, as well as in forms that maintain most of the nutrients while being more convenient for use. And the addition of canned salmon and sardines offers excellent sources of omega-3 fatty acids, a nutrient important in development and growth.

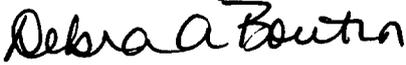
As members of the nutrition faculty of Bastyr University, we commend USDA's release of the proposed rule which is a major step forward towards improving the overall nutritional health and well-being of WIC mothers and children. The foods chosen are richer sources of the nutrients important for human growth and development. Increasing exposure to, and consumption of, fruits and vegetables, whole grains and legumes, low-fat dairy products, and dairy milk alternatives is in alignment with the evidence-based research supporting the impact of healthful nutrition on reducing obesity and chronic disease risk.

We encourage publication of a final rule by the spring of 2007 to assure timely implementation of the rule's important revisions.

Respectfully,


Jennifer C. Lovejoy, Ph.D.
Dean, School of Nutrition and Exercise Science

Nutrition Faculty members:







UNIVERSITY OF ILLINOIS
AT CHICAGO

NOV - 1 2006

Office of the Associate Dean for Research (MC 621)
College of Dentistry
801 South Paulina Street
Chicago, Illinois 60612-7211

HP-135

October 31, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive Room 528
Alexandria, VA 22302

Dear Ms. Daniels:

I am writing to support the proposed rule changes to make the WIC food packages more consistent with the Dietary Guidelines for Americans – particularly the proposal to add cash vouchers for the purchase of fruits and vegetables. As a professor of periodontics, University of Illinois at Chicago, I am well aware of the nutrient benefits of fruits including dried fruits to total well-being as well as their benefits to dental and oral health.

Oral diseases including dental caries, periodontal disease and tooth loss affect millions of Americans and often result in lost school days and work days. Recent research has shown that oral bacteria may contribute to increased risk of heart attacks, strokes and may be associated with premature childbirth in some women.

Although dental caries is a multi-factorial infectious disease dependent on diet, nutrition, microbial infection and host response, dental plaque bacteria have been implicated as the important etiologic agent in the formation of dental caries. The development and progression of dental caries depends on the amount of food particles trapped on the surfaces of teeth that may serve as ready sources of fermentable carbohydrates, which promote acid production by plaque bacteria that leads to demineralization of enamel and eventually tooth decay.

Foods that are perceived as sticky – such as dried fruit – often are considered more cariogenic than those that do not stick to the teeth, but some research indicates no correlation between stickiness and retention of foods on teeth. The carbohydrate and phytochemical content of the food needs to be considered. Phytochemicals often have anti-microbial functions and research in my laboratory indicates that antioxidants and flavonoids can inhibit in vitro growth of selected oral pathogens.

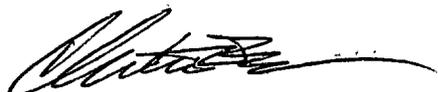
The main sugars in dried plums (prunes) include fructose and glucose. Sucrose, the main dietary sugar that facilitates adherence of plaque bacteria on tooth surfaces, is hydrolyzed during the dehydration process into glucose and fructose, which are not utilized as precursors for the dental plaque matrix. Dried plums/prunes also contain high levels of the non-fermentable sugar alcohol sorbitol.

UIC

Research undertaken on behalf of the dried plum industry at the College of Dentistry, University of Illinois at Chicago (reported at the recent meeting of the International Association for Dental Research), measured the effect of dried plum consumption on plaque pH compared to other common snack foods (e.g. other fruits, cookies). The results indicated that dried plums did not promote plaque acidogenicity - that is, did not lower plaque pH to the critical level that favors the growth of bacteria. Based on these results, and considering their overall nutrient and carbohydrate profile, dried plums can be considered a nutritious and healthy snack.

Thank you again for the opportunity to support the addition of fruits and vegetables to selected WIC food packages. If you need additional information on the role of dried fruit and oral and dental health, please feel free to contact me.

Sincerely,



Christine D. Wu, MS, PhD
Associate Dean for Research
Professor of Periodontics
College of Dentistry
801 South Paulina St. Room 402E
Chicago, Illinois 60612
E-mail: chriswu@uic.edu



NOV 02 2006

Rippe Lifestyle Institute

James M. Rippe, M.D.
Founder and Director

Associate Professor of Medicine (Cardiology)
Tufts University School of Medicine
Professor of Biomedical Sciences
University of Central Florida

October 31, 2006

Patricia N. Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Services, USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

HP-142

Re: Comments to Proposed Rule Regarding Revisions to the WIC Food Packages Rule; Docket No. 0584-AD77

I am offering the following comments as a cardiologist and the director of a research laboratory devoted to the study of lifestyle medicine. By "lifestyle medicine" we mean the exploration of how daily habits and actions impact on both short and long term health and quality of life.

I am submitting these comments in response to the United States Department of Agriculture's ("USDA") request for comments on the subject of revisions to the Women, Infants and Children (WIC) food program. I appreciate the opportunity to offer comments to the USDA on this important initiative.

Our research laboratory has had the opportunity to study whole grains (including oats and psyllium) in the context of a variety of nutritional plans. I strongly support the USDA's proposal to change the minimum requirements and specifications for breakfast authorized cereals to include 51% whole grain requirement and that these cereals should also be required to meet the labeling recommendations for making health claims as a "whole grain food with moderate fat content."

The benefits of consumption of whole grain are well known. They include the reduction of risk or cardiovascular disease, reduction in risk of diabetes, and the metabolic syndrome, probably contribute to reduction of risk of hypertension, and many others.

I also support the concept that the allotment of other whole grains is to be increased for women to at least two pounds per month. This is a straightforward, dietary recommendation which addresses an issue of great public health concern. The consumption of whole grains in the diet in the United States is abysmally low. Only 4.1% of Americans eat the amount of whole grains the *Dietary Guidelines for Americans*.

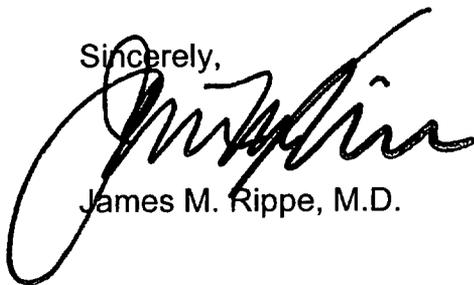
Patricia N. Daniels
October 31, 2006
Page 2

Breakfast cereals are a particularly important source of whole grain consumption. Both whole grains and bran cereals play a very important role in increasing fiber consumption and the consumption of such important nutrients as calcium, magnesium, potassium and iron. Thus, it is very important that there be adequate consumption of whole grain and bran cereals.

For all of these reasons, I strongly urge the USDA to favorably consider the revisions being proposed in the WIC program. These seem to be straightforward recommendations that could yield multiple health benefits to the participants in the WIC program.

Thank you for the opportunity to offer these comments concerning the proposed revision to the Women, Infant and Children Food Program.

Sincerely,

A handwritten signature in black ink, appearing to read "James M. Rippe". The signature is written in a cursive style with a large, looping initial "J".

James M. Rippe, M.D.

NOV - 3 2006

November 1, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

HP-144

Re: Changes to the WIC Food Package

Dear Ms. Daniels:

I am writing in support of the proposed rules to the WIC Food Package that would include fruits and vegetables as part of the food package. I was the WIC Nutritionist for Human Resources Council/Mother Lode WIC in Amador and Calaveras counties of California for over 16 years up until April of this year. Calaveras county was the site for one of the pilot studies using cash value vouchers for fresh fruits and vegetables, the MICH program, cited in the Federal Register/Proposed Rules.

I helped pilot this program from its inception and my sense from the very beginning was that this was a "no brainer" — if you give them the money to purchase fresh fruits and vegetables, their intake will increase. I assessed thousands of diets during my tenure at WIC and can say that the MICH vouchers improved the intake of fruits and vegetables for our Calaveras county participants. I was just sorry I was unable to offer the same benefit to our participants in Amador county.

WIC food instruments were often issued bimonthly to our clients. At their WIC appointment, MICH vouchers were also distributed but we were not always able to give participants two months at a time. I believe this was due to trying to manage grant funding and/or other requirements of the grant. Some of these clients would make special trips to their WIC site the next month just to get their MICH vouchers. It was a very popular program with our participants

Over the years, I saw it become a popular practice to give incentives to participants in the way of fruit & vegetable puppets, T-shirts, pens & pencils, kitchen gadgets, etc. to encourage fruit and vegetable intake. I truly believe none of these is effective when compared to giving parents the ways and means to put fruits and vegetables of their own choosing on the table. Produce is not inexpensive, even in California where it is so plentiful. Before MICH, moms would tell me about buying fresh fruit and having it disappear in a day or so because the kids would go through it so fast. Of course we know this is a good thing but WIC moms on tight budgets can only allocate so much to fruits and vegetables. They don't have the buying power to spend on economy sizes or advertised specials that could in the long run give them more discretionary money to spend on fruits and vegetables.

On a few occasions, I redeemed MICH vouchers at local grocery stores for produce we used in nutrition education classes or as samples for participants to try. They were very easy to use. My only concern was whether our participants would under spend the dollar amount of the voucher and thus not get the full benefit though they could pay the difference if they went over. I am sure paying the difference will not be possible if WIC participants are given cash value food instruments for fruits and vegetables and this is an area where participants would need a lot of education to help them maximize their food instruments while not exceeding the cash value. Use of EBT cards would perhaps make this easier to manage.

I hope this has been helpful and I applaud your efforts to include fruits and vegetables in the WIC food package.

Sincerely,

A handwritten signature in cursive script that reads "Cathy Paullin". The signature is written in black ink and is positioned above the typed name.

Cathy Paullin, R.D.
17 Timm Place
Sheridan, WY 82801

Phone: 307-674-6388

NOV - 3 2006

HP-145

October 31, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

Docket ID Number: 0584-AD77- WIC Food Packages Rule

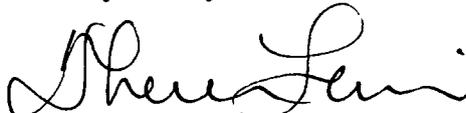
Dear Ms. Daniels:

As a Registered Dietitian, a previous employee of the Monongalia County WIC Program in WV, and a current WIC recipient in Johnson County Iowa, I am writing to express my support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants, and Children food packages. The proposed changes will greatly benefit vulnerable mothers and children.

Recently, my 2 ½ year old daughter was diagnosed with a severe milk allergy. There are no milk alternatives available through the WIC program at this time. My daughter can drink Soy Milk, and we are also vegetarian, so adding Soy Milk and Tofu as food package alternatives will be extremely important to my family because of her allergy and dietary requirements for protein.

I, of course, am a very strong supporter of WIC and other governmental assistance programs, and believe that WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants, like my family, with fruits and vegetables, lower-fat dairy and alternatives, whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in continuing to improve the life-long health of my family and others in need of assistance.

Thank you for your time and attention.



Theresa M. Lewis, MS, RD
Iowa City, IA

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NOV 03 2006

HP-152

October 23, 2006

Patricia Daniels, Director
Supplemental Food Programs Division
FNS, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: Comments on RIN 0584-AD77, Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages

Dear Ms. Daniels:

A healthy diet and lifestyle is a critical component of the American Heart Association's (AHA) strategy for reducing cardiovascular disease risk in the general population. AHA agrees that the *Proposed Rule for Revisions in the WIC Food Packages* will lead to food packages that can better serve the nutritional, economical, and lifestyle needs of the diverse population of women and children who currently participate in WIC. We applaud the USDA Food and Nutrition Service that considered the nutritional deficiencies as well as excesses such as saturated fat and calories, in setting goals for the revised WIC food packages. Like the proposed revisions, the *AHA 2006 Diet and Lifestyle Recommendations* for reducing risk of cardiovascular disease aim for a healthy body weight and a desirable lipid profile. AHA supports the specific proposed revisions that increase access to whole grains, fish, legumes, fruits and vegetables for children and adults, while reducing the prescribed amounts of juice, cheese, eggs, and milk.

AHA agrees with USDA's aim to correct current public health problems and set priorities that help promote eating habits that will have lasting benefits in reducing chronic conditions including heart disease, diabetes, as well as certain types of cancer.

For Food Packages IV through VII, most of the proposed revisions are consistent with not only the USDA/DHHS *Dietary Guidelines for Americans 2005*, but also the *AHA 2006 Diet and Lifestyle Recommendations for Cardiovascular Disease Risk Reduction*, which includes these guidelines:

- Consume an overall healthy diet that consists primarily of foods that provide high nutrient density and minimize excessive intake of saturated and trans fats, cholesterol, sodium and energy;
- Encourage a diet rich in vegetables and fruits and discourage over-consumption of fruit juice;
- Ensure that at least half of grain intake comes from whole grain foods, such as whole wheat bread;
- Consume fish, especially oily fish, twice a week;
- Select fat-free (skim), 1% fat, and low-fat dairy products;
- Provide vegetable alternatives to meat such as legumes and soy foods as part of a heart healthy diet.

Although the *AHA 2006 Diet and Lifestyle Recommendations* advocate for fat-free and low-fat milk, we would also support the provision of calcium and vitamin D fortified soy beverages and calcium-set tofu as an important source of calcium, vitamin D and other nutrients for those who do not drink milk or consume milk-based products. Since the *AHA 2006 Diet and Lifestyle Recommendations* pertain to adults and children over the age of two years, our comments are restricted to packages IV-VII. The comments first address topics for which USDA solicits input: inclusion of fruits and vegetables in WIC packages IV-VII, expanded options for fish, and implementation of the proposed revisions. In the latter part of this submission, we offer suggestions for additional modifications which would have significant impact on forming healthy food choices of WIC participants without incurring additional burden on WIC State agencies.

I. SOLICITED COMMENTS

Inclusion of Fruits and Vegetables in Food Packages IV through VII

AHA agrees with USDA in proposing to include fruits and vegetables in Food Packages IV through VII, since consuming a diet rich in vegetables and fruits is essential for children and adults to meet daily needs for vitamins, minerals and fiber, and effective in helping to reduce the risk of cardiovascular disease in adult years.^{i,ii} AHA supports the use of the cash-value vouchers to purchase all forms of fresh, canned, frozen or dried fruits and vegetables (provided they are limited in added sugars and sodium) to allow the greatest flexibility for the WIC participants whose access to and storage for fresh produce may be limited. Giving states this flexibility also minimizes paper work for state WIC agencies, permitting more time for nutrition education. AHA would advocate for increasing the value of the fruit and vegetable vouchers for children and adults to the levels recommended by the Institute of Medicine (IOM) to meet nutritional needs of WIC participants (which is \$10 per month of fruits and vegetables for women and \$8 for children.)

In addition, it should be noted that AHA recommends limiting the use of prescriptions for juice as a preventive measure to avoid excess calorie consumption in young children. The IOM, USDA and the National WIC Association specify a juice recommendation of 4.2 ounces per day for children ages 1 to 5 years.ⁱⁱⁱ

Canned Fish for Package VII

AHA supports increasing the amount of fish, available in cans or foil pouches, for exclusively breastfeeding women, and increasing the variety of fish that do not pose a threat of mercury contamination. The *AHA 2006 Diet and Lifestyle Recommendations* advise consuming fish, especially oily fish such as tuna, salmon and sardines, at least twice a week for all adults and children over two years of age, consistent with the *Dietary Guidelines for Americans 2005*. As stated in the AHA Recommendations, regular consumption of fish is associated with reduced coronary artery disease^{iv}, and habits begun early in life are more likely to be retained throughout life. Therefore, we wish to propose the following modifications:

1. Expanding options to purchase fresh fish that are low in mercury.
Pollock and catfish are also considered safe and healthy options that are low in mercury,^v in addition to those specified on p. 44801 (canned light tuna, salmon and sardines), and these types of fish are frequently low-priced. While adding fresh fish choices would require vouchers and slightly more administration in explaining the options, the added burden would be minimal relative to other proposed changes.
2. Extending availability of fish to children, pregnant women, and partially breastfeeding women (Packages IV and V).
While protein was not identified as a priority nutrient for these groups, ideally, all WIC participants could benefit from consuming more very long-chain omega-3 polyunsaturated fatty acids, which help reduce heart disease and may be beneficial in brain development.^{vi,vii,viii} Adding fish to only package V and not VI could help encourage breastfeeding among post-partum women whose protein needs are slightly higher than non-lactating women. Because fish would be substituted for other sources of protein and may have limited appeal, this proposal is likely to be cost neutral.

Implementation of Revised Food Packages

AHA is aware that implementing the proposed revisions, especially vouchers for fresh fruits and vegetables and whole wheat bread, and expanded options to receive soy-based beverages or tofu in addition to cheese as a substitute for milk, will require new methods of counseling about options, new vouchers, and revised bookkeeping practices. We support the proposed timeframe of one year to accommodate the necessary changes to ensure the WIC participants can make informed

choices. We urge WIC State agencies to implement these changes as soon as possible to ensure participants obtain maximum benefit from the improved packages.

II. UNSOLICITED COMMENTS

In addition to the solicited comments above, AHA agrees with USDA's proposals to increase access to whole grains, fruits and vegetables, legumes, fortified soy beverages and calcium-set tofu, and to reduce the maximum prescription for eggs and cheese. We encourage USDA to emphasize low fat, non-fat, and trans fat-free options wherever possible in the WIC food packages. These revisions are consistent with the *AHA 2006 Diet and Lifestyle Recommendations* to maximize dietary intake of nutrient-dense foods and reduce consumption of excess calories, cholesterol, and saturated and trans fats.

Additionally, we forward these suggestions for modifications which will help develop healthful dietary habits among WIC participants:

1. Inclusion of language to limit trans fatty acids (TFAs) in the diet or encourage trans fat-free alternatives.
2. Requiring the fat content of all milk products not to exceed 1% fat instead of 2% fat for children two years and older.
3. Giving greater priority to cheese reduced in sodium, fat and/or cholesterol.
4. Encouragement of peanut butter with reduced-sodium, saturated fat, and TFAs.

All of these comments are forwarded with the intent to optimize opportunities for encouraging healthy eating habits, and should not add costs or administrative burden to State WIC agencies.

1. Inclusion of language to limit TFAs in the diet or encourage trans fat free alternatives.

The *Dietary Guidelines for Americans 2005* recommends "choosing foods that limit the intake of saturated and trans fats"^x as does the final FDA rule on labeling the TFA content of the diet. The *AHA 2006 Diet and Lifestyle Recommendations* specify limiting total dietary energy intake from trans fat to <1% of total calories. AHA recommends that USDA include in the final rule language that specifies a goal of minimizing foods containing TFAs and encourages states to select foods with these goals and to educate WIC participants accordingly.

TFAs are found in many processed products including breakfast cereals,^x and they may be in cereals that would be authorized as whole grain foods with moderate fat intake, as defined in the proposed rule on p. 44801 of the *Federal Register*. The adverse effects on heart health are equal to, or perhaps even more harmful, than those inflicted by saturated fatty acids.^{xi}

The substantive research verifying these effects led to recommendations to limit consumption of TFAs in the 2005 report of the IOM Committee *WIC Food Packages, Time for A Change*,^{xii} as well as in the *Dietary Guidelines for Americans 2005*,^{xiii} and led to recent regulations by the U.S. Food and Drug Administration for listing TFAs on the Nutrition Facts label.^{xiv} However, recent consumer research sponsored by the AHA reveals that most Americans do not look for this information on the label, nor are they aware that TFAs can be more deleterious than saturated fatty acids.^{xv}

Inserting language to choose processed foods such as whole grain breads and breakfast cereals that are trans fat-free would provide consistency with the *Dietary Guidelines for Americans 2005*, and help ensure that WIC participants are choosing the healthiest alternatives.

2. Requiring the fat content of all milk not to exceed 1% fat instead of 2% fat for children two years and older.

The proposal to limit the fat content of fluid milk to 2% for women and children over two years of age is an important step to reducing saturated fat and cholesterol consumption; however, in the opinion of the AHA Nutrition Committee, restricting fat in milk to 2% rather than 1% will not be sufficient. Consistent with the *AHA 2006 Diet and Lifestyle Recommendations*, we recommend limiting the milk choices for WIC participants over the age of 2 years to fat-free (skim) and 1% fat milk, and also recommend low-fat dairy products to reduce intakes of saturated fat, cholesterol, and calories, consistent with the *Dietary Guidelines for Americans 2005*.

AHA also supports the USDA recommendation for inclusion of calcium- and vitamin D-fortified soy beverages and calcium-set tofu as low-fat sources of calcium, vitamin D and other nutrients for those who do not drink milk or consume milk-based products (p. 44800 in the Federal Register), as recommended in the Institute of Medicine's report. This revision is consistent with *Healthy People 2010*, which identified the elimination of health disparities as one of its two overarching goals. Allowing the choice of tofu and fortified soy beverages provides culturally appropriate and lower saturated fat, cholesterol, and caloric options for milk that are consistent with *Healthy People 2010* goals.

3. Giving greater priority to cheese reduced in sodium, fat and/or cholesterol.

AHA also supports the quantity limits imposed for interchanging cheese for milk allowances, and the clarification that cheeses which are labeled low, free, reduced, less or light in sodium, fat or cholesterol are WIC eligible (p. 44800 in the Federal Register). Consistent with *AHA 2006 Diet and Lifestyle Recommendations*, we also recommend changes in the language to switch the emphasis regarding cheese substitutes to the healthier varieties - cheeses with reduced-fat, sodium or cholesterol,

while products higher in these components may be mentioned as eligible alternatives.

4. Encouragement of peanut butter with reduced-sodium, reduced-saturated fat, and free of TFAs.

AHA supports the addition of vegetable alternatives to meat, including increased use of canned beans and peanut butter (added to Package V). While the proposed rules clearly state options for reduced-fat peanut butter (p. 44802), we also recommend reduced-sodium, reduced-saturated fat, and trans fat-free peanut butter be specified as approved alternatives. Sodium intake is highly correlated with blood pressure in adults,^{xvi} and the incidence of hypertension is highest among blacks and Hispanics,^{xvii} who comprise more than half of WIC participants. Adding language that acknowledges low-sodium products, including peanut butter, as favored alternatives will raise awareness of healthier selections of processed foods, and hopefully lead to reduced consumption of added sodium. The need for alternatives free of TFAs has been discussed under the first suggestion above.

5. Additional concepts AHA supports that concur with comments from other concerned health professional organizations include the following:

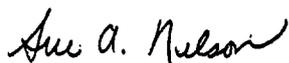
- Allow WIC participants and local agencies, instead of state agencies, the flexibility to choose fruits, vegetables and other products within a food category that provide high nutritional value, meet individual preferences, and offer the best price value.
- Establish State WIC Food Package advisory councils that include stakeholders, such as WIC participants, health and nutrition organizations, community based organizations, and local WIC agencies, to help support and inform the planning and implementation of the new food package.
- Issue interim final rules by spring, 2007 to permit WIC agencies and other stakeholders to initiate the substantial revisions to the WIC food package.

CONCLUSION

The American Heart Association appreciates the strong emphasis that the IOM and USDA have placed on revising the WIC Food Packages to improve the nutrition and convenience of foods available to WIC participants as well as emphasizing the prevention of public health problems. AHA strongly supports the inclusion of fruits and vegetables, whole grains, and soy beverages to the WIC Food Packages, and we appreciate the expanded access to fish and legumes. AHA appreciates consideration of the above comments to encourage awareness and consumption of processed foods that are low in added sodium, saturated fat and trans fat by WIC participants.

Please feel free to call on us with any comments or concerns.

Sincerely,



Sue Nelson
Vice President of Federal Advocacy

ⁱ Bazzano LA, Serdula MK, Liu S. Dietary intake of fruits and vegetables and risk of cardiovascular disease. *Curr Atheroscler Rep.* 2003;5:492-499.

ⁱⁱ Hung HC, Joshipura KH, Jiang R, Hu FB, Hunter D, Smith-Warner SA, Colditz GA, Rosner B, Spiegelman D, Willett WC. Fruit and vegetable intake and risk of major chronic disease. *J Natl Cancer Inst.* 2004;96:1577-1584.

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^{iv} Kris-Etherton PM, Harris WS, Appel LJ; American Heart Association. Nutrition Committee. Fish consumption, fish oil, omega-3 fatty acids, and cardiovascular disease. *Circulation.* 2002;106:2747-2757.

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^x Federal Citizen Information Center. Revealing Trans Fats, from Food and Drug Administration. Available at: http://www.pueblo.gsa.gov/cic_text/food/reveal-fats/reveal-fats.htm. Accessed August 11, 2006.

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^{xii} Institute of Medicine, Food and Nutrition Board, Committee to Review WIC Packages. WIC Food Packages: Time for a Change. Washington: The National Academies Press, 2006, Table 2-10, p. 73.

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November 3, 2006

NOV - 3 2006

HP-153

Patricia N. Daniels, Director
Supplemental Food Programs, FNS/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

I am writing on behalf of Kaiser Permanente, Northwest Region to support the proposed changes to the USDA's WIC Food Packages Rule. We believe that any program that will improve the access and quality of foods, particularly to infants, breastfeeding women and medically fragile individuals is important to maintaining health weight and promote healthy food choice. We commend USDA for updating the WIC food packages to reflect the Dietary Guidelines and current nutritional science by adding fruits and vegetables, whole grain bread, corn tortillas, whole grain rice and other whole grains, the option of soymilk and tofu, and moving to only low-fat milk and whole grain cereals. The new rule also will provide welcome relief for families struggling to pay for essential nutrition products for women and children with special nutritional needs.

As Director of the Community Benefit and Health Program, I offer the following recommendations to supplement the proposed rule:

Expand and Enhance the Fruit and Vegetable Benefit:

Increase the Fruit and Vegetable Benefits to Fully Meet the Institute of Medicine Recommendations: USDA should make the value of the WIC fruit and vegetable benefit consistent with the IOM's recommendation to provide \$10 per month of fruits and vegetables for women and \$8 for children. The proposal gives children only three quarters of the amount of fruit and vegetables the Institute of Medicine (IOM) determined was necessary for a nutritionally sound children's WIC food package. Children receive \$8 in fruits and vegetables in the food package recommended by the IOM, but the USDA package provides only \$6. For women the proposed rule provides only \$8 in fruits and vegetables rather than the \$10 recommended by the IOM.

Allow WIC Participants to Choose the Fruits and Vegetables They Want and Can Use: WIC participants should be allowed to use the WIC food vouchers to select the fruits and vegetables that provide the best nutritional value, best bargain and best choice for themselves and their children. The rule should not give State agencies the authority to set state limits on the variety of fruits and vegetables participants are

allowed to purchase with WIC vouchers. The successful WIC fruit and vegetable pilots allowed WIC participants full choice.

The Value of the Fruit and Vegetable Benefit Must Keep Pace with Inflation: The rule must require that the value of the fruit and vegetable benefit reflect a cost of living adjustment. It is unfortunate that the cost of living adjustment in the proposed rule is optional. Without an annual cost of living adjustment, the vouchers would be worth less and would buy smaller amounts of fruit and vegetables each year as inflation increases – further falling behind the IOM recommendations.

Eliminate Inappropriate Standards and Size Requirements for Whole Grain Bread and Cereals:

Adopt Appropriate Standards for Whole Grain Cereals to Assure Access to Healthy and Culturally Acceptable Choices: I applaud USDA for preserving the nutritionally important sugar limit and important iron requirements for WIC cereals. However, the new proposed cereal grain standards create a significant barrier for WIC participants to consuming whole grain cereals. The proposed whole grain cereal standard is not an appropriate whole grain standard for bran, corn and rice cereals and consequently it eliminates defacto all bran, corn and rice WIC cereals. This is especially problematic for WIC because Hispanic families prefer corn-based cereals (for example corn flakes). The inclusion of whole grain corn-based cereals will be necessary to maintain acceptable cereal choices for the 2.5 million Hispanic women and children in WIC. In addition, both corn and rice cereals provide a healthy option for WIC participants with allergies and bran cereals are an excellent source of much-needed fiber for participants. Therefore, to ensure a selection of healthy whole grain WIC cereals, we recommend the use of revised standards based on the whole grain standards used in USDA's Healthier U.S. Schools guidelines plus two additional alternative criteria of 1) at least 3 grams fiber for bran cereals and 2) a minimum of 8 grams whole grains.

The Allowable Size for a Loaf of Bread Must be Consistent with the Bread Available in Stores: WIC participants need a whole grain bread voucher for a loaf of bread that is consistent with the size typically sold in stores. Otherwise, the purpose of the whole grain change is subverted and the value of the food package shrinks further. In many markets, a mother may not be able to buy any whole grain bread with a 1 pound bread voucher. The proposed rule lumps the size of a loaf of bread and grains together as 1 pound (16 ounces). This is fine for the grains (i.e. rice), which are sold by the pound, but bread is sold by the loaf. Whole grain loaves are heavy, usually weighing more than 1 pound. According to data from Interstate Bakeries, 56 percent of whole wheat/whole grain loaves are sold in a 24 ounce loaf and 25 percent are sold in a 20 ounce loaf.

Remove the Prescription Requirement for Soy Milk and Tofu:

I commend USDA for including the option of soy milk and tofu to provide popular high-calcium foods for WIC participants from a diversity of cultures. In addition, these foods are an important alternative for participants with milk allergies and lactose intolerance, a problem disproportionately affecting African-Americans and Asian-Americans. The new packages will work well for women because they have free access to choosing soy milk/tofu. However, the proposed requirement for a medical prescription for children to get soy milk or tofu should be removed because it presents an insurmountable barrier for most low-income WIC families.

Keep Proposed Food Package Protections:

I commend USDA for building in protections that safeguard the nutritional value of the new food packages for all participants by prohibiting state level cuts to the new food packages. In this proposed rule, USDA prohibits State WIC agencies from making across-the-board cuts in the food packages (a process known as "categorical tailoring"). This will guard against state pressures to dismantle the new WIC food packages. I agree with USDA that, given the carefully balanced food packages as designed by the Institute of Medicine, categorical tailoring is no longer necessary and would be detrimental. Individual WIC participants can have their WIC food package tailored for nutrition reasons or preference through the commonly used mechanism of "individual tailoring."

Maximize Access to Farmers' Markets:

USDA's inclusion of farmers' markets as vendors for the new WIC food package fruit and vegetable vouchers is commendable, and, along with the continuation of the WIC Farmers' Market Nutrition Program, will be helpful for WIC families. The rule should make clear that farmers' markets qualify as eligible WIC vendors provided that they comply with the already well-established farmers' market or WIC Farmers' Market Nutrition Program procedures. WIC vendor requirements will need to allow farmers' markets to participate as seasonal vendors and exempt them from stocking the full package.

Establish State WIC Food Package Advisory Councils to Bring a Diversity of Voices and Support to the Implementation Process:

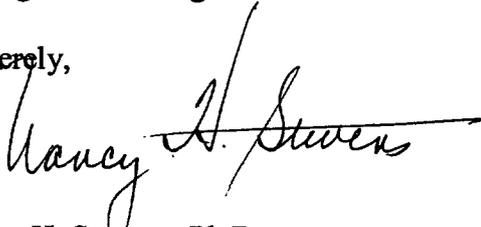
State WIC Food Package advisory councils should be established to help support and inform the planning and early implementation of the new WIC food package. To be most effective, the advisory councils should include WIC participants and representatives of the communities and organizations working to improve the health and well-being of the families served by WIC, such as advocates, food bankers and other emergency food providers, immigrant

Ms. Daniels
Page 4
November 3, 2006

groups, food policy councils, state chapters of nutrition and health associations, and local WIC agencies.

In summary, Kaiser Permanente, Northwest Region strongly endorses the need for the new WIC food packages and urges the USDA to proceed expeditiously to make the necessary changes that will bring a new, healthier food package to the more than 8 million women, infants and children in the WIC program each month. Thank you for this opportunity to share our support for the new WIC food packages and suggest recommendations to make the package even stronger.

Sincerely,

A handwritten signature in cursive script that reads "Nancy H. Stevens". The signature is written in black ink and is positioned below the word "Sincerely,".

Nancy H. Stevens, Ph.D.
Director of Community Benefits and Health
Kaiser Permanente, Northwest Region

The burden of obesity is created by adults and borne by our children

NOV 04 2006

November 3, 2006

Ms. Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Services
U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

HP-
154

RE: Comments on WIC Food Packages Proposed Rule,
Docket ID Number 0584-AD77.

Dear Ms. Daniels,

The Vegetarian Resource Group, a non-profit organization with more than 12,000 members, welcomes the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages. We commend the Department for proposing important changes to WIC that are consistent with the 2005 Dietary Guidelines for Americans and align with the American Academy of Pediatrics infant feeding recommendations. We especially appreciate the Department's focus on accommodating participants with cultural food preferences. As the number of vegetarians in the United States grows, it becomes increasingly important to include provisions for foods acceptable to vegetarians in programs like WIC. We believe that the proposed changes, with modifications as noted below, when implemented, will strengthen the WIC program's ability to improve the nutrition and health status of millions of families.

We would like to specifically address several areas of the proposed regulations:

Soy-based Beverages and Tofu

The provision of soy options will allow WIC to better serve vegetarians, Asian Americans, people with lactose intolerance, those with milk allergies, and others who prefer to limit or avoid dairy products. The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as a replacement for milk. We support this change. We are concerned about the ability of calcium-fortified soy-based beverages currently on the market to meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to choose soy. This change will not have a major effect on the protein and potassium contribution of soy milk to the total diet. In addition, the added

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servings of fruits and vegetables included with these proposed changes to WIC packages will also promote an increased potassium intake.

We also urge that children be able to receive soy products without the proposed requirement of unnecessary and burdensome medical documentation. The stated reason for this documentation is that it "ensures that a child's medical provider is aware that the child may be at nutritional risk when milk is replaced by other foods." We question the need for this since soy-based beverages are required to be fortified with nutrients in amounts similar to cow's milk and are, for practical purposes, nutritionally similar. This required medical documentation will add an unnecessary expense and may potentially deter some vegan and lactose intolerant clients from choosing this option. This could lead to their missing out on some important nutrients.

Fruits and Vegetables

We support the provision of cash-value vouchers to purchase fruits and vegetables. While the IOM recommended \$10/ and \$8/month vouchers, the proposed rule reduced this amount to \$8/ and \$6/month in order to achieve overall cost neutrality. We urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels, and to keep pace with inflation. This will better assist WIC families to purchase and consume fruits or vegetables each day. However, the proposed voucher levels are an excellent start and should be immediately implemented.

Whole Grains

We support the promotion of whole grains in the revised food packages, and limiting sugars in WIC cereals. Both of these changes have the potential to lead to increased fiber intakes and other health benefits.

Dried Beans

We support the addition of canned and dried beans and peanut butter to food packages for postpartum women. These foods provide iron, protein, folate, and fiber and are an acceptable alternative for many women who wish to avoid or limit meat due to its high saturated fat content or other concerns. The addition of canned beans allows for greater flexibility and for convenience. Many people do not have time to cook dried beans but would find canned beans quite acceptable.

Cheese and Eggs

We support recommendations to reduce the amount of cheese and eggs due to the saturated fat and cholesterol content of these foods.

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Breastfeeding

We commend measures to encourage and support breastfeeding.

Complementary Foods for Infants

We support the change to age six months for the introduction of complementary foods. This change reflects current recommendations for introduction of these foods. While provision of infant meat represents one means of increasing dietary zinc, vegetarians and others who do not want their infants to eat meat will not benefit from the additional zinc.

Vegetarian women are more likely to breast-feed than nonvegetarian women and will not be able to take advantage of infant meat as a dietary zinc source. We suggest including a non-meat option zinc source. Infant meat supplies between 0.86 mg and 1.75 mg of zinc per jar (*USDA Nutrient Database for Standard Reference*). Tofu and dried beans are low-cost alternatives. Firm tofu (1/4 cup) provides 0.99 mg of zinc while 1/4 cup of cooked lentils or chickpeas provides 0.63 mg of zinc. These foods would need to be well mashed or pureed to be acceptable for infants.

Another option is wheat germ, providing 0.9 mg of zinc in a tablespoon. While these amounts of zinc are not as high as those in meat, these foods represent an alternative source of zinc for vegetarians and are better than completely ignoring the zinc needs of this group. In addition, these foods could be used as a source of iron and protein in the diets of vegetarian infants.

Thank you for the opportunity to comments on the proposed changes. We eagerly await their implementation and the positive impact these revisions will have on the health of women, infants, and children. We look forward to publicizing the final regulations to the more than 150,000 people who visit our website each month.

Sincerely,



Reed Mangels, PhD, RD, LD, FADA
Nutrition Advisor, The Vegetarian Resource Group

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November 2, 2006

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NOV - 6 2006

HP-155

Re: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

Thank you for the opportunity to submit comments on Docket ID Number 0584-AD77, WIC Food Packages Rule. The Physicians Committee for Responsible Medicine (PCRM) is a national, nonprofit health organization that promotes preventive medicine through good nutrition and clinical research. We generally support the proposed rule change, and believe it to be moving in the right direction for any federal nutrition program. However, we do recommend further modifications to the WIC food packages in order to better reflect current nutrition science and meet the goals of improving the health and development of WIC's target population, while at the same time combating childhood and maternal obesity and inappropriate dietary patterns, which have become serious problems in this country.

Typical dietary patterns—based on the consumption of meats and eggs for protein, red meat for iron, and milk and cheese for calcium—have created a health crisis. Obesity among adults and children is growing out of control. The prevalence of obesity among our nation's youth has more than doubled in children and tripled in adolescents over the last two decades. And this figure is only rising: A recent study in the *International Journal of Pediatric Obesity* projects that by 2010, half of all children in North America will be overweight or obese. Childhood obesity leads to a number of health problems. Poor diet and obesity are causing children to acquire "adult" diseases, such as diabetes and hypertension, as well as the early risk factors for heart disease, which continues to be the number one killer of both men and women (Vanhala, 1999). Many young children have high cholesterol and have the beginnings of arterial damage. The Centers for Disease Control and Prevention found that 60 percent of overweight 5- to 10-year-olds already have at least one risk factor for heart disease, such as elevated blood pressure or insulin levels (CDC, 2000).

The WIC program was originally developed to provide foods rich in calcium, iron, protein, and vitamins A and C to low-income and at-risk pregnant and breastfeeding women and preschool children. However, the science of nutrition has changed in many significant ways since the WIC food package was revised in 1980. Other key nutrients—folic acid, zinc, vitamin B₆, and magnesium—have emerged as especially important for women, infants, and children. New dietary reference intakes

(DRIs) have been established for many of these nutrients and, importantly, fiber has been added (14g/1,000 kcals) to the DRIs.

Now, health professionals recognize the benefits of grains and beans for protein, leafy green vegetables, beans, tofu, and calcium-enriched nondairy beverages for calcium, and both beans, including soy, navy, and great Northern varieties, and vegetables such as broccoli, collards, and squash for iron. Fiber-rich fresh or frozen fruits are recommended over fruit juices because children are not meeting their daily recommended intake of fruit and are getting a disproportionate amount of fruit juice, compared with whole fruit, in their diets (Basch, 1994). The Food and Drug Administration has issued warnings against the consumption of tuna and other large sea fish for pregnant and lactating women and small children due to their environmental contamination with mercury (Myers, 2000). Meats, including poultry, fish, and shellfish, cheese and most other dairy products, and eggs are now often recommended to be consumed in limited quantities or avoided altogether because they contain high levels of saturated fat and cholesterol and are devoid of healthful dietary fiber.

For these reasons we are encouraged that the Food and Nutrition Service is reviewing the WIC food packages and preparing to make changes intended to benefit the individuals served by this program.

I. Support for Proposed Rule Changes

Authorized Substitutions for Milk (Tofu, Soy-Based Beverages)

As suggested by the Institute of Medicine (IOM), we support the proposed rule change authorizing soy-based beverages as an alternative to milk. Allowing nondairy, calcium-fortified beverages would meet calcium requirements while at the same time accommodating ethnic preferences and needs.

However, under this proposed rule, medical authorization to allow a milk substitution would be required for children. All women and children, whether or not they experience discomfort or ill health upon consuming dairy products, should have the opportunity to choose a nutritious, nondairy beverage such as enriched soymilk or rice milk through the WIC program, and a parent should be able to make that decision. Enriched soymilk contains protein, calcium (absorption: 24 to 34 percent), and vitamins A and D at levels comparable to cow's milk (calcium absorption: 32 percent), but without the disadvantageous saturated fat, cholesterol, lactose, and hormones found in dairy milk.

Many U.S. women and children are lactose intolerant (particularly African-Americans, Asian-Americans, Hispanic-Americans, and Native Americans), allergic to milk, or choose to avoid milk for other reasons, such as taste preferences, religious or ethical considerations, or health concerns. According to the American Academy of Family Physicians' 2002 report on lactose intolerance, 60 to 80 percent of American blacks, 50 to 80 percent of American Hispanics, 80 to 100 percent of American Indians, 95 to 100 percent of Asian-Americans, and 6 to 22 percent of American whites are lactose intolerant.

Furthermore, milk consumption does not protect against bone loss—the most common reason given for drinking cow's milk. While it is true that calcium may reduce the risk of osteoporosis, scientific

evidence does not support the claim that cow's milk consumption as a source of calcium reduces the risk of osteoporosis. The Harvard School of Public Health noted that:

the recommendation to drink three glasses of low-fat milk or eat three servings of other dairy products per day to prevent osteoporosis is another step in the wrong direction. . . This recommendation ignores the lack of evidence for a link between consumption of dairy products and prevention of osteoporosis. It also ignores the possible increases in risk of ovarian cancer and prostate cancer associated with dairy products (Feskanich, 1997).

Epidemiological research shows that countries with the highest incidence of osteoporosis, including the United States, Sweden, and Finland, also have the highest dairy consumption rates (Gerrior 2001, Abelow 1992). Adequate calcium balance, not calcium intake, is the key to reducing the risk of osteoporosis. Many other considerations are as important, if not more so, than calcium intake. These include sodium intake, physical activity, animal protein intake (which leaches calcium from the bones), an overall healthy diet, smoking, gender, race, age, vitamin D status, and calcium absorption rates of food (Breslau 1998, Lanou 2005).

Numerous other scientific studies have linked the consumption of cow's milk to obesity, anemia, ear infections, constipation, diabetes, respiratory problems, heart disease, and some cancers mainly due to the proteins in milk, not the milk sugar lactose, making milk with added lactase an unsuitable alternative (Iacono 1998, Willet 2003, Sacks 1985).

Tofu and Tempeh

In addition to the legumes already available in the WIC program, providing soy products such as tofu and tempeh would give WIC recipients additional choices for healthy plant protein without the fat and cholesterol present in cheese or other animal products. Aside from providing all the necessary amino acids, tofu and tempeh contain needed fiber and phytochemicals and offer health advantages that meat and dairy products lack.

Reduction in Milk, Cheese, and Eggs

The current WIC food packages provide more saturated fat and cholesterol in the diet than current dietary guidelines recommend and nutrition science supports. Reducing, if not eliminating these foods, would bring the packages closer in line with current science and would support better nutrition.

Milk and Cheese

Adults and children in the U.S. of all income brackets are becoming increasingly overweight, and rates of diabetes are on the rise. This is largely because of the availability of high-fat, calorie-dense foods. Regular and even "low-fat" cheese and other dairy products contain saturated fat and cholesterol, which collectively contribute to the development of obesity, heart disease, and diabetes. Cow's milk is also the greatest single contributor of saturated fat and cholesterol, both of which children consume too much of, in children's diets (Subar 1998, Pennington 1998, USDA 1999).

Eggs

Previously, eggs were included in the WIC food package because of their protein and iron content. Although protein plays an important role in the body, the Institute of Medicine recently suggested that protein is no longer a priority nutrient for the WIC population, and we support this:

Maintaining adequate iron stores is important, especially for pregnant women and small children post-weaning. However, one large egg has approximately 6 grams of protein and virtually no iron (less than 1 milligram). Beans are a much better and healthier source of protein and iron. For instance, one-half cup of soybeans has more than 16 grams of protein and 4.5 milligrams of iron, and one-half cup of navy beans has almost 10 grams of protein and more than 2 milligrams of iron (USDA nutrient data laboratory). Additionally, vitamin C increases iron absorption. Thus, adding fresh fruits to the WIC program and encouraging their consumption with iron-rich beans and iron-fortified cereals would help ensure that women and children are getting sufficient iron.

Inclusion of Fruits and Vegetables in Food Packages III Through VII

The most glaring omission of the previous WIC food package is its failure to provide fruits and vegetables. WIC recipients are, on average, not meeting their recommended intake of fruits and vegetables on a daily basis (Thompson, 1999). Fresh and frozen fruits and vegetables provide necessary vitamins, minerals, and healthy plant fiber needed for weight control as well as healthy immune systems in mothers and young children. For example, dark green leafy vegetables such as collard greens, kale, mustard greens, turnip greens, and bok choy are especially good sources of highly-absorbable calcium (absorption: 52 to 59 percent), vitamin C, beta-carotene, and folate, which is especially necessary during pregnancy to ensure proper development of the growing baby's nervous system. Broccoli is a good source of protein, calcium (absorption: 61 percent), folate, and a number of other cancer-fighting phytochemicals. Corn, spinach, mushrooms, and potatoes, are good sources of zinc. Vitamin B₆ is found in corn, cabbage, and green leafy vegetables.

Also, fruits such as oranges (C), cantaloupes (folate, B₆), grapefruits (C), apples (C), bananas (B₆), strawberries (C; folate) and blueberries (C) are not only loaded with vitamins, fiber, and other nutrients, but they also satisfy a sweet tooth and may replace empty-calorie sweet snacks such as candy bars or sugary candies.

WIC participants would greatly benefit from the addition of frozen or fresh fruit. To keep costs modest, the fruit could be added as a preferred option in the juice category and a few nutrient-dense fruits that have longer holding value could be selected for inclusion.

II. Additional Recommendations for the WIC Food Packages

Elimination of Tuna and Other Fish

Tuna is available for breastfeeding women in the WIC program, and it has been proposed that other canned fish also be allowed (salmon and sardines) despite the fact that they are unsafe foods for this population. There is strong evidence that the fetus may act as a filter for methylmercury, and the highest concentration of mercury in pregnant women is found in the umbilical cord (Harada, 1995). Fish absorb waterway pollutants such as mercury, polychlorinated biphenyls (PCBs), and other

contaminants as the water around them passes over their gills. Many of these chemicals do not break down in the environment, but dissolve easily in oils and can accumulate in the fatty tissues of the fish. Tuna and a number of other flesh-eating fish contain dangerously high levels of mercury and contaminants. The FDA strongly cautions lactating women against consuming several types of fish since heavy metals and waterway pollutants may end up in breast milk and cause developmental problems in children (Myers, 2000). Healthier and safer sources of protein for pregnant and breastfeeding women and children are beans, whole grains, nuts, nut butters, and soy products.

III. Support for Plant-Based Foods

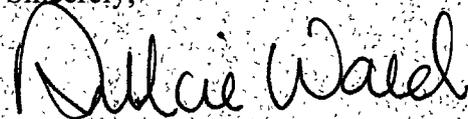
Increasing the availability of fiber-rich, low-fat foods such as beans, fruits, vegetables, whole grains, and nondairy milks, and decreasing the availability of high-fat foods such as eggs, cheese, and dairy products offered in the WIC food package will help to combat the obesity concerns in the WIC population. Building a diet from plant foods is a simple way to achieve or maintain a healthy weight and offers the most disease-fighting protection of any dietary pattern. Vegetarians also tend to be leaner than their meat-eating peers, as seen in a number of scientific studies (Brathwaite 2003, Appleby 1998, Melby 1989)

As a way of promoting optimal health, Dr. Benjamin Spock advised in the seventh edition of his book, *Dr. Spock's Baby and Child Care*, published in 1998, that children's diets should be made up entirely of plant foods with no meat of any kind, no eggs, and no dairy. Scientific studies support Dr. Spock's conclusion that the healthiest diet consists of vegetables, grains, legumes (beans, peas, and nuts), and fruits because they are cholesterol-free, high in fiber, low in fat, and rich in health-promoting substances, including beta-carotene, lycopene, folic acid, and genistein, which are found only in plants. They are also rich in healthy carbohydrates, protein, and calcium, nutrients once thought to be found mainly in meat and dairy products. Moreover, a plant-based diet will help children and adults avoid weight problems and will promote a healthy heart. It will protect individuals from many forms of cancer, including lung, breast, colon, bladder, stomach, and pancreatic cancers (Spock, 1998).

Efforts to improve the eating habits and health of pregnant and lactating women as well as small children will pay off well beyond the short term and is extremely important in reducing malnutrition and hunger. Children introduced early to healthy fruits, vegetables, grains, and legumes tend to maintain these healthy eating habits into adulthood (Nicklas, 1995).

Thank you for the opportunity to submit these comments.

Sincerely,



Dulcie Ward, RD
Staff Dietitian
dward@pcrm.org, ext. 338

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TUFTS UNIVERSITY

The Gerald J. and Dorothy R. Friedman
School of Nutrition Science and Policy

NOV - 6 2006

November 3, 2006

Patricia Daniels
Director
Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive, Room 528
Alexandria, VA. 22302

HP - 156

Dear Pat:

Congratulations on getting the regulations for the proposed WIC food package into the Federal Register. I know what an overwhelming task this is.

I would like to provide some comments on the proposed changes in the WIC food package. First I want to applaud you for ensuring that the proposed food package reflects the 2005 Dietary Guidelines for Americans and this is being done in a timely manner. Also given the greater number of food choices within categories, it will make it easier for the WIC participant to align their selected items with cultural food preferences.

A team of 17 Tufts University researchers have been working on a project to develop algorithms for measuring nutrient density and secondly, how to use a nutrition density approach to better educate consumers. As part of this effort we have applied our nutrition density rating system to food items in the proposed WIC food package. We have developed a series of Food Quality Scores (FQS) which measure nutrient density. When the FQS is applied to the grain choices proposed for the WIC food package some interesting results emerge.

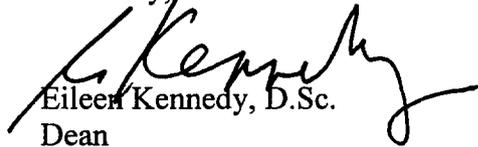
- For each Food Quality Score, brown rice, enriched white rice and bulgur are significantly more nutrient dense than whole wheat bread.
- In an analysis of cost for grains, our data indicate that brown rice, white rice, and bulgur have significantly higher rankings than whole wheat bread.

We believe that nutrient density is a useful concept to use when trying to ascertain the nutrient contribution of a food relative to calories. Given the higher nutrient density of brown rice and bulgur over whole wheat bread, I would suggest that these be considered

primary items in the WIC food package and not substitutes. There is an even more compelling argument for brown rice and bulgur looking at costs. Brown rice and bulgur provide more nutrients per dollar spent. Here again, this would argue that brown rice and bulgur should be primary foods in the package, not substitutes for whole grain breads. Given how infrequently changes to the WIC food package occur, FNS/USDA would be remiss in not considering brown rice and bulgur as primary food items in the package.

We have submitted on paper entitled, "Nutrient Density" A Way to Guide Changes in the WIC Food Package" and I will be delighted to share this with you once it has been accepted. Congratulations again on the importance changes being proposed for the WIC food package. All my best.

Sincerely,


Eileen Kennedy, D.Sc.
Dean

Patricia Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service/USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

NOT - 1 2006

HP-160

Dear Ms. Daniels,

REF Docket ID Number 0584-AD77-WIC Food Package Rule

I am writing to support the USDA's proposal to improve the health and nutritional content of WIC Food Packages.

The proposed revisions would allow farmers' markets to serve as WIC vendors. This change would acknowledge the vital role farmers' markets play in ensuring New York food security. In some neighborhoods, they are the only place to purchase fresh, affordable produce. To support farmers' market participation, the WIC rules should allow these markets to:

- participate as seasonal vendors,
- qualify automatically if they already participate in FMNP (the Farmers' Market Nutrition Program).
- be exempt from "WIC-only" cost containment requirements
- be exempt from the requirement to carry a full range of WIC food package products.

All WIC recipients should have the right to select foods which are culturally appropriate. In deference to our diverse culinary heritage, the WIC program **should not restrict** the type of fresh fruits and vegetables that may be purchased with the new fruit and vegetable vouchers.

We need both the Farmers' Market Nutrition Program and the newly proposed revisions to the WIC Food Packages. To this end, the USDA should **do no harm** to the WIC Farmers' Market Nutrition Program, either by reducing FMNP funding or establishing procedures that would adversely affect its operation or effectiveness.

Thank you for giving me the opportunity to voice my support for the proposed revisions to the WIC food packages. I support the proposed changes because they benefit both family farmers working with farmers' markets, and low-income women, infants, and children who are in need of good nutrition. As the incidence of diet-related illness continues to rise, it is encouraging to see a proposal that takes a proactive, health-conscious approach. I encourage the USDA to work swiftly to implement these changes.

Sincerely,

Lisa Zullig MSIRD,CDN

Lisa Zullig
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NOV 02 2006

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01 November 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, U.S. Department of Agriculture
3101 Park Center Drive, Room 528
Alexandria, VA 22304

HP-164

Dear Ms. Daniels,

Pat

It was good to see you in Phoenix September 19th for the National WIC Association Conference and I appreciate all that you are doing to promote breastfeeding. I would like to express my support for the proposed revisions to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food packages, published in the Federal Register on August 7, 2006.

WIC provides valuable nutrition education, supplemental foods, and medical referrals to millions of low-income pregnant women, mothers and children. It is timely that the WIC food packages are being revised to reflect the latest scientific evidence of nutritional needs of women, infants and children.

As a public health nutritionist, certified diabetes educator, and Indian Health Service National Head Start Program consultant reaching Native American families that participate in the WIC program, I strongly support the changes proposed to the WIC food packages, including:

- an enhanced package for fully breastfeeding mothers;
- the establishment of new packages for partially breastfeeding mothers and partially breastfed children;
- the addition of fresh fruits and vegetables for both mothers and children;
- the emphasis on low-fat options, and more substitutes for milk;
- the sharp reduction in juice allocations; and
- the addition of whole grains

It is time now to fully implement the new food packages for partially breastfed infants and partially breastfeeding mothers. The evidence is strong in diabetes prevention and promotion of healthy weight and growth patterns for children who are breastfed; including data from the Gila River Indian Community of Pima Indians, the community with the highest prevalence of type 2 diabetes in the world. WIC is a leader in breastfeeding promotion – and should take the lead now; not wait for pilot projects.

I commend the USDA for its thoughtful proposal. Thank you for your consideration.

Sincerely,


Brenda A. Broussard



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November 2, 2006

Patricia Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service
US Department of Agriculture
3101 Park Center Dr, Room 528
Alexandria, VA 22303

NOV - 2 2006

HP-166

REF Docket ID #0584-AD77-WIC Food Package Rule

Dear Ms. Daniels:

I am writing in support of the proposed revisions in the WIC food packages. During the past school year, I coordinated a snack program at an elementary school where all students were eligible for the free lunch program. Utilizing a special Healthy Eating by Design grant, we provided two servings of fresh fruit and vegetables to the students during a special snack time each week. The students loved the extra, wonderful tastes of seasonally fresh apples, peaches, pears, plums, and other foods from the region. A third-grader asked her teacher if she could take her pear home to her younger brother, who had never tasted a pear!

The addition of fruits and vegetables to the WIC food package will be welcome to New Mexico's recipients. I have seen how people with limited access to healthy foods respond to an offering of fruits and vegetables; they will eat them! It is also important to allow for culture to play a role in food choices, and the allowance for culturally familiar foods in food packages is a great improvement. There should be no limit placed on the type of fresh fruits and vegetables that may be purchased with the new coupons, and juice should be reduced.

The farmers market provisions are also much supported by members of the Healthy Eating by Design team, a program of the Albuquerque Alliance for Active Living. We participate in the New Mexico Food and Agriculture Policy Task Force. Please adopt the proposed rules in their strongest version! Thank you for the opportunity to comment.

Sincerely,

Joanne McEntire
Director



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



New York Chapter 1

November 3, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service, U.S. Department of Agriculture
3101 Park Center Drive
Room 528
Alexandria, VA 2230

HP-168

Dear Ms. Daniels,

I would like to express my support for the proposed revisions to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food packages, as published in the Federal Register on August 7, 2006.

Since its creation in 1972, WIC has provided nutrition education, supplemental foods, and medical referrals to millions of low-income pregnant women, mothers and children. Given that only minor changes have been made to the WIC food packages since 1980s, however, they no longer reflect the best nutritional practices to meet the needs of beneficiaries.

As a pediatrician and child health advocate, I strongly support the changes proposed to the WIC food packages, including:

- the addition of fresh fruits and vegetables for both mothers and children;
- an enhanced package for fully breastfeeding mothers;
- the establishment of new packages for partially breastfeeding mothers and partially breastfed children;
- the emphasis on low-fat options, and more substitutes for milk;
- the sharp reduction in juice allocations;
- the addition of whole grains.

In order to encourage breastfeeding, I urge the USDA not to establish pilot projects of the new food packages for partially breastfed infants and partially breastfeeding mothers, but to implement them as quickly as possible. However, the issue of whether to provide formula in the first month of an infant's life should be studied in greater detail, as recommended by

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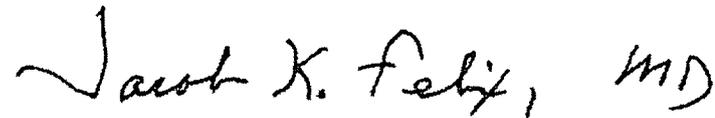
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the American Academy of Pediatrics. In addition, all of the proposed changes must be studied carefully to ensure they are achieving their policy goals.

The new WIC food packages will mark a significant change in the eating habits of participating mothers and children. I commend the USDA for its thoughtful proposal, and I appreciate this opportunity to submit comments.

Sincerely,

A handwritten signature in black ink that reads "Jacob K. Felix, MD". The signature is written in a cursive style with a large initial "J" and a distinct "MD" at the end.

Jacob K. Felix MD
President
AAP New York Chapter 1

Massachusetts Dietetic Association
www.massnutrition.org

November 4, 2006

Patricia N. Daniels
Director, Supplemental Food Programs Division
Food and Nutrition Service
USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

As a member of the **Massachusetts Nutrition Board and on behalf of the Massachusetts Dietetic Association, Inc.**, I strongly and enthusiastically support the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The Board is a state advisory board that is a resource on matters related to the nutritional status of citizens in the Commonwealth of Massachusetts. The Board is comprised of leaders in the field of food, nutrition and health and influential members of their community who serve as advocates on issues of food and nutrition.

The proposed regulations improve the nutritional health of all WIC participants and are grounded in sound science, align with the *2005 Dietary Guidelines for Americans*, support the current infant feeding practice guidelines of the American Academy of Pediatrics, and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences, and address the nutritional needs of our nation's most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." It follows the advice of the Institute, which stated that the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The Department's aim is to add new foods while preserving cost neutrality—to cover the cost of the new foods, the proposed adjustments to juice,

eggs and milk are highly acceptable. We believe that WIC clients will be pleased that there will be more choices in the foods offered.

The **Massachusetts Dietetic Association** has the following recommendations regarding the proposed rule.

Breastfeeding

The proposed rule aims to support breastfeeding, with appropriate complementary foods after the first six months, until the infant's first birthday.

- *We do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of the partially breastfeeding package, we believe that many women will simply choose to formula feed in order to benefit from the changes to the new fully formula feeding package. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.
- We urge that the dollar amount for fruits and vegetables provided to the fully breastfeeding woman be increased to \$10, matching the IOM recommendation, for at least the first six months post partum. This would provide stronger incentive and support for breastfeeding in the period of time prior to the addition of complementary foods for fully breastfeeding infants at six months. If the USDA is unable to match the IOM recommendations for this group of women for this six month period, they should, at a minimum, allow States to act within the limits of their food funding to exceed the current maximum dollar amount for the fruits and vegetables vouchers for women within the first six months of breastfeeding.
- We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended by the IOM. States would incorporate their option into their existing breastfeeding policies and procedures. An evaluation of the impact of these options on a mother's breastfeeding status will also allow USDA to determine an appropriate future course of action.
- State agencies will also require additional resources to provide enhanced breastfeeding support, peer counseling services and pumps to participants in order to ensure that WIC mothers feel comfortable foregoing formula within the first month and thereafter to help ensure breastfeeding success and optimal nutrition for their infants. WIC is the only national program that provides this level of breastfeeding education and support to the WIC population and must ensure that these changes to promote breastfeeding do not have the converse effect because mothers are afraid to give up all WIC formula benefits.

Fruits and Vegetables

The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children.

The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

- In addition to the recommendation to increase the dollar amount of cash-value food instruments for fruits and vegetables to \$10 for fully breastfeeding women for a minimum of the first six months post partum, USDA should act to allow for full implementation of the IOM recommendation of \$10 cash-value instruments for all women and \$8 for children. To implement this recommendation while maintaining cost neutrality, States should have the option to:
 - Omit juice from the food packages for all children, a cost-saving measure that the medical and dental communities would fully support.
 - Reduce the amount of whole grains a child receives to one loaf of bread or one pound of a whole grain substitute to make the children's food package consistent with women's and still maintain current dietary guidelines.

Cutting corners with the fruit and vegetable cash-value instruments will lead to reduced health benefits for WIC mothers and children. WIC's success has been in saving long-term healthcare costs. Making this modest investment will assure healthcare savings in the future.

Soy Products

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences.

- Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. We urge FDA- and industry-standard levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for the WIC food packages for women and children to be able to include soy.
- The **Massachusetts Dietetic Association** recommends that children be able to receive soy products without the requirement of medical documentation. The consumption of soy beverages and tofu for children can be a cultural/personal preference as well as a medical necessity. Since State policies and procedures for services and follow-up to medically diagnosed conditions will continue to be in place, this proposed rule will place an undue burden on the medical community and WIC service delivery systems and delay access to an important calcium source for WIC children.

Whole Grains

The proposed rule's establishment of a 51% whole grain requirement for breakfast cereals and inclusion of whole grain bread and other grains for all children and pregnant and breastfeeding

women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains.

- The **Massachusetts Dietetic Association** recommends that USDA increase the allowable amount of whole grain bread from 16 ounces to one loaf up to 24 ounces, an amount consistent with the sizes available in stores.
- In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for “wheat-free” and “gluten-free” cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

Vendor Regulations

- The **Massachusetts Dietetic Association** recommends that the USDA allow States to utilize existing Farmers’ Market Nutrition Program vendor certification procedures for authorizing Farmers’ Markets to participate in the WIC fruit and vegetable cash-value voucher program. The Board supports utilizing the existing FMNP structure and personnel for vendor authorization and compliance. Taking advantage of FMNP resources would greatly reduce the administrative burden on State WIC agencies and maximize the opportunities for small, local growers to participate in the WIC program. Without these changes, the proposed rule requirements would make the participation of farmers impossible to implement.

Voucher Redemption

- The **Massachusetts Dietetic Association** recommends that USDA give State agencies the discretion to determine the dollar denomination of the fruit and vegetable cash-value vouchers. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple vouchers in small, two-dollar denominations is costly and counter productive.
- USDA must give State agencies the flexibility to work with existing WIC vendors and the FMNP to develop and implement effective food instrument redemption procedures for fruits and vegetables cash-value vouchers that minimize administrative costs, processing errors, and are responsive to current WIC vendor and FMNP systems.

Categorical Tailoring and Substitution Requests

- The **Massachusetts Dietetic Association** is opposed to the removal of the State option to categorically tailor or propose food substitutions. There are rapid changes in food industry, science, demographics and other factors in today’s environment, and State agencies may need to submit proposals for cultural accommodations or categorical tailoring in the future. USDA’s history of regulatory review and revisions to the WIC food packages substantiates the critical need for this flexibility. It is essential that States be allowed the ability to revise food lists to keep pace with the needs of their participants.

Implementation

The **Massachusetts Dietetic Association** recognizes that implementing the proposed rule will require good planning and effective communication. There is great excitement and anticipation within Massachusetts regarding the promulgation of a final rule revising the WIC food packages. We are looking forward to full implementation the proposed rule in an expeditious manner. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe from the date of publication of the final rule.

In closing, as a member of the **Massachusetts Dietetic Association** and in support of the Board's positions, I enthusiastically and strongly support the proposed rule with the above noted recommendations. I am convinced that it will support participant choice and focus attention on chronic disease prevention and control. The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices. In addition, the outlined recommendations will serve to reduce the administrative burden on States and local agencies and encourage the growth of Farmers' Markets.

WIC is this nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

I look forward to the full implementation the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

A handwritten signature in black ink that reads "Peggy O'Shea". The signature is written in a cursive style with a large, looped initial "P" and a long horizontal flourish at the end.

Peggy O'Shea Kochenbach, MBA, RD, LDN
President of the Massachusetts Dietetic Association, Inc

6305 Cardinal Hill Place
Springfield, VA 22152

5 November 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, VA 22302

NOV 9 2006
HP-171

Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels,

As a concerned citizen and Registered Dietitian, I strongly support the U.S. Department of Agriculture's (USDA) efforts to improve the nutritional quality of the WIC food packages. As USDA finalizes the regulations, please consider the following suggestions to further strengthen the final rule.

Most importantly, I encourage USDA to provide the full fruit and vegetable benefit as recommended by the Institute of Medicine. I support the promotion of whole grains in the revised food packages, and limiting sugars in WIC cereals.

In addition, bringing the quantity of milk in the WIC food packages in line with the Dietary Guidelines is an important part of the proposed rule. However, I recommend that USDA require that all milk in the food packages for children ages 2 to 4 years and women be low-fat (1%) or fat-free (skim) to help to reduce saturated fat intake and harm to children's hearts and arteries. And, I support the proposed rule regarding allowing soy "milk" and calcium-set tofu as substitutes for milk--without requiring a doctor's prescription.

I strongly support the proposed reductions in the quantities of cheese and eggs in the food packages to decrease saturated fat and cholesterol intake, and urge USDA to require all cheese offered in the food packages to be light, reduced, or low in fat.

Overall, I strongly support USDA's proposed rule for updating the WIC food packages, and urge USDA to publish the final rule promptly, by spring 2007 at the latest, to bring these improvements to WIC participants as soon as possible.

I have worked with the WIC population in the past and these revisions would be helpful in promoting their health.

Sincerely,


Nicole Brown, MS, RD, LD, HFI
Nutrition Consultant/Registered Dietitian/Mother of Two/Military Spouse

NOV - 6 2006

HP-219

Nina Dougherty, R.D.
Nutrition Care
25 General Sage
Santa Fe, New Mexico 87505

November 6, 2006

Patricia N. Daniels, Director
Supplemental Food Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 528
Alexandria, Virginia 22302

Dear Ms. Daniels:

As a concerned citizen, registered dietitian, and nutritionist with my own practice, I strongly support the U.S. Department of Agriculture's (USDA) efforts to improve the nutritional quality of the WIC food packages. As USDA finalizes the regulations, please consider the following suggestions to further strengthen the final rule.

Most importantly, I encourage USDA to provide the full fruit and vegetable benefit as recommended by the Institute of Medicine. I support the promotion of whole grains in the revised food packages, and limiting sugars in WIC cereals.

In addition, bringing the quantity of milk in the WIC food packages in line with the Dietary Guidelines is an important part of the proposed rule. I support the change to two percent (2%) milk in the food packages for children ages 2 to 4 years and women in all categories to reduce saturated fat intake and harm to children's hearts and arteries. And, I support the proposed rule regarding allowing soy "milk" and calcium-set tofu as substitutes for milk--without requiring a doctor's prescription.

I strongly support the proposed reductions in the quantities of cheese and eggs in the food packages to decrease saturated fat and cholesterol intake, and urge USDA to require all cheese offered in the food packages to be light, reduced, or low in fat.

Overall, I strongly support USDA's proposed rule for updating the WIC food packages, and urge USDA to publish the final rule promptly, by spring 2007 at the latest, to bring these improvements to WIC participants as soon as possible.

Sincerely,


Nina Dougherty, R.D.
Nutrition Care

NOV 03 2006

HP
240

Date:

Dear Friends at US Department of Agriculture,

I am writing to tell you what I think about the proposal to change WIC foods.

What I like most about the proposed changes is

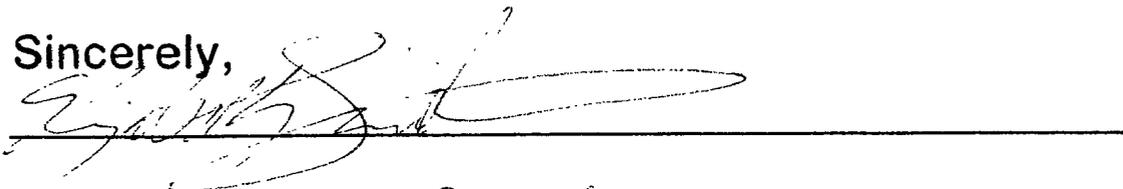
I really like the awareness of cultural differences for growing families food choices in the proposed WIC food program such as vegan options. Also, I love seeing increased fresh produce.

What I like least about the proposed changes is

I would like to see organics and home - products.

Thank you for reading my comments.

Sincerely,



Name: Elizabeth Semmelmann

Title: Program & Volunteer Coordinator

Organization: Jacob's Heart Children's Cancer Assoc.

NOV 03 2006

HP

241

Date:

Dear Friends at US Department of Agriculture,

I am writing to tell you what I think about the proposal to change WIC foods.

What I like most about the proposed changes is

The addition of whole grains, tofu, soy milk
fresh veggies.

What I like least about the proposed changes is

still having to use only big name cereals
some of which are questionable as far as being
optimally healthy. Natural whole grain cereals, granola
natural sugar free peanut butter.

Thank you for reading my comments.

Sincerely,

Mail Lewis

Name: New Families

Title: Social Worker

Organization: Mail Lewis

HP-263

From: Linda Bobroff [bobroff@ufl.edu]
Sent: Thursday, October 12, 2006 11:25 AM

Patricia N. Daniels
Director, Supplemental Food Programs Division Food and Nutrition Service USDA
3101 Park Center Drive
Room 528
Alexandria, VA 22302

“Docket ID Number 0584-AD77, WIC Food Packages Rule,”

Dear Ms. Daniels:

I am a nutritionist and registered dietitian and provide support for nutrition education in Florida through my role as an Extension nutrition specialist. I am writing to thank USDA/FNS for working to make the WIC food packages more in alignment with the 2005 US Dietary Guidelines and other national nutrition guidance.

The WIC Food Package Proposed Rule offers the most significant and substantive changes to the food packages since the Program's inception in 1974.

The proposed changes add fruits and vegetables, whole grain cereals and other whole grains, soy milk, tofu and canned beans, among others, which provide a greater variety of high nutrient food choices to the WIC participants. These additions will allow WIC to better meet the needs of its culturally diverse population.

The revised food packages should be helpful in promoting good nutritional habits for limited resource families – a key to preventing obesity, diabetes and heart disease - conditions so prevalent in this segment of the population.

I have a couple of suggestions as you work toward finalizing this document. It would be helpful to promote 1% or fat-free milk for all WIC clientele over two years of age. Also, I hope that there will be adequate support to help breastfeeding women be successful in their efforts to avoid using supplemental formula. Adequate counseling, breast pumps and other support will be helpful as we assist women to breastfeed their infants.

I urge USDA to finalize the rule as soon as possible, with revisions as suggested by NWA and considering the above suggestions.

Thank you.
Linda Bobroff
4326 SW 180 Street
Newberry, FL 32669