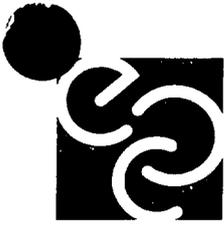


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NOV 06 2008

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Roger Palomino  
Executive Director



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

LA-687

October 19, 2006

Dear Ms. Patricia Daniels;

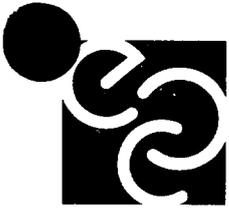
As a W.I.C. Dietitian working with such a diverse population in the Central Valley of California for over the past 6 years, I fully support the food package recommendations. The decrease of juice, milk, cheese, and eggs, and the addition of whole fruits and vegetables, and whole grain products will greatly promote the teachings of healthy weight for infants and children. I also endorse the limitations of formula amounts given monthly after the introduction of complementary baby foods, which will assist WIC to support breastfeeding more freely. With the cultural diversity of this area, I support the option of soymilk versus cow's milk. This is an overdue change.

Finally, we have a food package to back up our message of healthy eating that we have been trying to convey to clients in our individual counseling sessions, education materials and classes. Thank you.

Sincerely,

Doreen Diaz, R.D.  
Fresno County EOC WIC Program

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**Moses Stites**  
Chairperson

**Roger Palomino**  
Executive Director

NOV 06 2006

October 23, 2006

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

LA-688

Dear Ms. Daniels;

You have a solid reputation in the WIC Community for supporting our endeavors to provide healthy foods to our WIC clients.

I support the proposed changes in the WIC food packages and thank you for your efforts on our behalf. I know you have worked hard to provide more nutritious foods for the women and children in our program and to support breastfeeding by decreasing the amount of formula for partially breastfed infants.

Living in the Central Valley of California, I have looked forward to the time when we would be able to provide more fruits and vegetables to our clients.

Thank you for giving me and my colleagues the opportunity to respond to the proposed changes.

Sincerely yours,

*Sylvia Noyes, R.D.*

Sylvia Noyes, RD  
Dietitian II  
Fresno EOC WIC Program  
Fresno, California

Moses Stites  
Chairperson

Roger Palomino  
Executive Director

NOV 06 2008

October 23, 2006

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

LA-689

Dear Ms. Daniels:

Re: Revisions in the WIC Food Packages

I am a registered dietitian currently working in a WIC program in Central California. During the years I have been with WIC, the program has gone through many changes, both federally and locally, in attempts to improve the quality of services provided for our participants. The current proposed rule is long overdue and very responsive overall to the needs of our participants and the constraints of administering such revisions.

Proposed changes I support include:

- 1) Adding fruit/vegetable vouchers to the respective food packets.
- 2) Adding the option of soy milk and tofu for women and children.
- 3) Increasing the amount of food for women pregnant/breastfeeding with multiple fetuses/infants.
- 4) Eliminating juice from the infant voucher packet.
- 5) Eliminating/decreasing the amount of cheese available with the vouchers.
- 6) Eliminating the option of whole milk to participants over 2 years old.

Questions/concerns I have include:

- 1) Re: proposed rule: Provide no infant formula to mothers who breastfeed during the infant's first month.

Will more of our moms feel pressured to get the full amount of formula if they want to breastfeed, but may be struggling, or want to be able to give formula occasionally? Our current policy is to provide an option for the infant, upon the mother's request, to be issued a voucher for 2-3 cans of powdered formula at the infant's enrollment appointment, in an effort to continue to keep the door open for the breastfeeding option. I sense that in allowing a small amount of formula, we are acknowledging to the mother that we have heard and respect her concerns and her choice. Unfortunately, I do not have any numbers on the impact of our practice on the breastfeeding rate the month after these babies are enrolled.

- 2) Re: proposed rule: Add infant food fruits and vegetables.

Will there be an option for our moms to purchase fresh/frozen fruits/vegetables other than bananas so that they can prepare homemade baby foods? Otherwise, it appears that we are encouraging feeding commercial baby foods rather than homemade baby foods, which is not the message we want to give. I do realize that commercial baby food may be more realistic for more of our moms, but I would like to somehow encourage those moms who may be able and willing to make foods for their babies at home.

Fresno County EOC WIC

Page 2

October 23, 2006

- 3) Re: proposed rules: 1) Provide only fat reduced milk to women as well as children age two and older; and 2) Provide only whole milk to children one year of age.

For children ages 1-3 years old, will the size of the milk container combined with the number of containers printed for an individual voucher provide a manageable quantity for our participants to both store and to consume before the milk spoils? These issues have been mentioned by some mothers when I have encouraged them 1) to give whole milk to their child under 2 years old and lower fat milk to their child 2 years and older and/or 2) to change to lower fat milk by mixing two milks of different fat content, in an attempt to gradually get their/their child's taste buds to accept the lower fat milk.

- 4) Re: proposed rule: Add new milk substitution options (tofu, cheese and soy beverage):

Will the option to allow yogurt to be substituted for fresh milk in amounts equivalent in approximate cost be considered? In this case, a participant could make the choice that would work best for her or her child.

- 5) Re: proposed rule: Reduce maximum juice prescription amounts in food packages for children and women and add a voucher for fruits and vegetables to those packages.

Will there be expanded options for women who have both diabetes and hypertension and should be limiting their intake of sodium? Currently, neither the fruit juices nor the vegetable juices (low sodium vegetable juice is not currently allowed) are acceptable options. In this case, the newly-added fruit/vegetable vouchers will help compensate for the loss of the value of the juice vouchers. Allowing more dollars for vegetable purchases would also provide more support to our moms trying to follow their therapeutic diets and a healthier diet in general.

In closing, I would like to thank all those involved in getting this Proposed Rule for revisions in the WIC Food Packages to the point of being published in the Federal Register, and to thank those who will be considering my comments/questions. Just scanning through the Proposed Rule has been an education for me! And, though my comments are from my very limited experience at a local agency, I hope that they might be useful.

Sincerely,

*Sharon Evenden, R.D.*

Sharon Evenden, R.D.  
WIC Dietitian



**Moses Stites**  
Chairperson

**Roger Palomino**  
Executive Director

NOV 06 2006

October 17, 2006

LA-690

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

Ms. Daniels,

Hello, my name is Julie Casillas. I am a Registered Dietitian and an International Board Certified Lactation Consultant with Fresno EOC WIC Program. I have worked here for 15 years, the last 14 as the breastfeeding coordinator. I am very excited and strongly agree with the food packet changes that are being proposed; it is a long time coming and much needed.

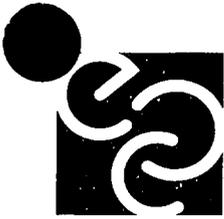
I agree with decreasing the formula for age and for a breastfed baby, 9 cans of powder is not a breastfed baby!

My only concern is the 2 choices the mother must make the month the baby is born-formula or breastfeeding. I agree that formula can cause a mom to bottle-feed more which causes a decrease in her milk supply creating a vicious cycle and ending in the mom being unsuccessful at breastfeeding. The physiology is sound and well understood. My fear is what will happen in clinic-the reality of this proposal. I see it all too often already. We educate, talk with the mom, explain the problems it can/will cause, but we can not deny her the formula if that is what she decides in the end, even after all the time we have spent with her. She's scared, unsure and needs some formula "just in case". I do not agree with giving all 9 cans of powder; that is a formula fed baby. What about offering the mom 2-3 cans of powder if the counselor cannot convince her that she will be fine with no formula that first month after educating her. I'm afraid if they have to choose, many of the moms will just say they are formula feeding and not even tell us about the breastfeeding because they do not want to leave without formula. Some moms may be open to the education but many aren't; believe me we try! The goal is to have more moms exclusively breastfeeding; we need to take small steps to get there.

Thank you for your consideration.

Julie Casillas, RD, IBCLC  
Fresno EOC WIC Program

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**Moses Stites**  
Chairperson

**Roger Palomino**  
Executive Director

NOV 06 2008

LA-691

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

RE: Proposed Changes to the WIC Food Package

Dear Ms. Daniels,

I have been a nutrition educator for the Women, Infants, & Children Program for the past 12 years and have witnessed the childhood obesity epidemic and the challenges parents have in providing healthy foods to their children. The proposed food changes will help our WIC families follow the current dietary guidelines. Adding fruits, vegetables, and whole-grain products while reducing the milk, cheese, eggs, and juice is a change I strongly endorse.

Please accept this letter in favor of all the proposed changes to the WIC food package.

Sincerely,

*Annette Thornton, RD*

Annette Thornton, RD  
Nutrition Education & Staff Training Coordinator  
Fresno EOC WIC Program

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Chairperson

**Roger Palomino**  
Executive Director

NOV 06 2006

October 30, 2006

LA-692

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

Re: Proposed changes to WIC Food Package

Dear Ms. Daniels,

As a WIC Program Director I support the WIC food package changes. These changes will improve the nutritional status of our WIC participants; they are based on the 2005 Dietary Guidelines and the American Academy of Pediatrics feeding guidelines.

These rule changes were recommended by the IOM in its' report "WIC Food Packages: Time for A Change." Nutrition Science, demographics and the health concern of obesity are being addressed in these changes. These changes are cost neutral which is an important factor in order to continue serving the same number of clients.

The proposed rule supports breast feeding and we would like to see the options of providing one can of powdered formula for the breastfed infant which would encourage the mother's who fear they might need it and would opt to take formula vs. trying breast feeding.

The addition of fruits and vegetables will lead to a more healthful diet, providing additional intake of vital nutrients. It would be most helpful if states were to be given flexibility to promote the locally accessible and culturally appropriate fruits and vegetables. The addition of tofu and soy beverages will be a boon to our clients.

The addition of whole grain bread and the replacement of whole grains for refined grains is also consistent with the dietary guidelines, and is a health benefit to our clients

Based on the above we strongly support the proposed changes. The food packages will provide priority nutrients that are needed by our WIC clients and will add culturally acceptable food. Exclusively breast feeding will also be supported.

As a local agency we will look forward to implementing these changes.

Sincerely,

*Wilma Austin, R.D.*

Wilma Austin, R.D.  
FCEOC WIC Director

NOV 06 2006

October 22, 2006

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

LA-693

Dear Patricia,

I am writing you in order to share a few of my thoughts regarding the proposed food package regulations for the WIC program. The proposed changes appear appropriate to encourage a higher intake of fiber, vitamin A, vitamin C and other phytochemicals. They also will help to prevent obesity among children by decreasing the amount of juice and high fat foods offered. However, In order to make a true impact on the health of infants and children, I feel it will be very important for us to explain to parents **why** these changes have been made by USDA and WIC.

Regarding the incentives for continued breastfeeding for partially breastfed infants, I **hope** women choose to breastfeed longer if less formula is given by WIC rather than hesitate to breastfeed at all because less formula is given if they choose to partially breastfeed.

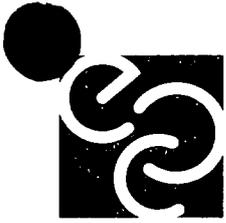
Since I am a breastfeeding advocate, I will share further thoughts on the formula/breastfeeding topic. **Perhaps with more breastfeeding moms we would have less overweight and obese infants and children in our country.** I wonder how many women would breastfeed if formula was given by WIC only to women and infants with special health conditions and medical prescriptions. Perhaps more women would consider and try breastfeeding if they had to pay for formula and if breastfeeding truly was the "norm" at all WIC programs. In case one day formula is only given by WIC in special medical situations or in case it continues to be given freely to moms in such great quantities, let's try to educate everyone (policy makers, hospital administrators, health care providers, WIC staff, students, teenagers, families) as to the benefits and how to's of breastfeeding. We would certainly be helping our children!

Thank you for your consideration,



Mary Clare Ovalle RD, CLE  
Fresno Co. EOC WIC Program  
1920 Mariposa Mall  
Suite 120  
Fresno, CA 93721

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NOV 06 2006

**Moses Stites**  
Chairperson

**Roger Palomino**  
Executive Director

October 24, 2006

LA-694

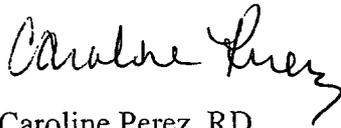
Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

Dear Ms. Daniels,

My name is Caroline Perez a Registered Dietitian for Fresno County EOC WIC Program in Fresno, California. I have been working for the WIC Program for 4 years. What I have learned since being here is that the food packets that our clients receive have not been changed since the program began in the 1970s. I am so happy to hear that there are positive changes being made to the food packets, such as, adding fresh fruit and vegetables, no juice for infants and reducing the amount of juice given. Also, whole milk will not be an option for adults and children over two years old. I truly believe these changes will benefit all our clients in the long run in terms of health and helping to combat the problem of child obesity.

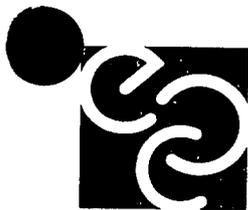
I am looking forward to the day that we can begin issuing our new food packets.

Sincerely,



Caroline Perez, RD

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**Moses Stites**  
Chairperson

**Roger Palomino**  
Executive Director

NOV 06 2006

October 30, 2006

LA-695

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

Re: Proposed changes to WIC Food Package

Dear Ms. Daniels,

We as the paraprofessional staff of the FCEOC WIC Program would like to voice our support for the proposed changes to the WIC food package. Adding fruits and vegetables and whole grain products are foods that have long been California's desire to provide our clients. We have seen how the amounts of milk, cheese, eggs and particularly juice have had a part in providing more than the current dietary guidelines recommended.

We wholeheartedly recommend the changes to the WIC food package.

Sincerely,

FCEOC WIC Paraprofessional Staff

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Chairperson

Roger Palomino  
Executive Director

Diego Anderson - Clinic Supervisor  
 Maricela Garcia Receptionist  
 Juliana Silva - Receptionist  
 Yvelly Brown Pds. Receptionist  
 Alicia Solano, Receptionist  
 Paulina - WNA  
 Pauline Real WNA  
 [Signature] - Program asst.  
 Mary Aracado WNA  
 Carolyn Halsey [Signature] WNA  
 Imelda Real WNA  
 Maria Roman WNA  
 Susan Luna WNA  
 Ana [Signature] WNA  
 Maria Aveland WNA/CT  
 R. Pegon WNA  
 [Signature] WNA  
 [Signature] WNA  
 Leticia Anata WNA  
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 Daniel B. Moore WNA  
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 Ruby Coronado WNA  
 Barbara Encina WNA  
 Dorothy Dixon WNA  
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 Elsa Sanchez WNA  
 Maggy [Signature] WNA  
 Don [Signature] WNA  
 Francisca Lerme NA  
 Darla Bontz WNA  
 Jean Whipple CS  
 Rosie Vasquez WNA  
 See X2 WNA  
 Mary Jane [Signature] WNA  
 [Signature] WNA  
 [Signature] WNA

NOV 06 2006

To: Patricia N. Daniels  
Re: Wic food package changes  
11/02/07

LA-702

Dear Ms. Daniels

As a WIC certifier, I would like to comment on the proposed food package changes.

- ❖ I am very excited to see whole grains offered, and I feel that allowing corn tortillas w/ added fat and white flour tortillas would make it more culturally appropriate.
- ❖ The addition of soy milk and tofu is an excellent proposal. It should be offered similar to how we currently offer lactose-free milk, not by doctor's prescription (this would create an unnecessary burden on the family as well as unnecessary work by the doctor). WIC nutritionists are available to approve extra cheese, tofu and soy milk packages.
- ❖ Clients that are receiving special formula packages *and* food packages should also be able to be approved by the WIC nutritionist, not a doctor.
- ❖ Participants should be allowed to receive whole milk or non-whole milk outside of the normal food package requirements for that category if medically indicated and with HP/RD approval (i.e. very overweight 1-2 year old, underweight pregnant woman, etc.).
- ❖ It would be great to have an option for infant baby food to choose between jar food or having a certain dollar amount allowance for fresh/frozen/canned fruits or veggies for infants (could be similar to farmer direct vouchers for infants).
- ❖ Non-whole grain cereals and foods should be made available on a medically-indicated basis and w/ RD approval.
- ❖ Bread amounts should be in commonly packaged weights (i.e. 24 or 32 oz loaves).
- ❖ Peanut butter currently is only allowed in 18 oz amounts. That greatly limits the brands available to clients, and it should be changed to "not more than 18 oz" so that 16 oz jars can be purchased. This would be similar to the way cereals are purchased.
- ❖ I strongly agree w/ the elimination of juice for infants and the reduction of amounts of juice for all participants.
- ❖ I strongly agree with decreasing formula amounts.
- ❖ I strongly agree with decreasing milk amounts for all participants.
- ❖ I strongly agree with adding canned legumes as an option.
- ❖ I feel that an either/or approach to breastfeeding or formula feeding in the first month may discourage moms who are not confident about their ability to breastfeed exclusively and may make them feel forced to get more formula than they want. It would feel more appropriate to leave the first month packages as proposed **but** to allow certifiers and nutritionists to make judgment calls to offer a partial package that first month if it would actually encourage more breastfeeding.

Finally I want to make a plea to allow ORGANIC foods to be an option for all families in every state. As the current program works, some states allow organic and some do not. I feel this is very discriminatory and highly impacts the ability of the program to reach a wider diversity of eligible participants. In my community, organic food is a cultural issue, and many possible participants refuse to be on the program because they lack the option to receive organic foods. Especially for pregnant women and infants, the health and nutrition benefits of eating organic food should not be overlooked. Organic foods are certainly making headway into the "mainstream" food industry, and prices on many organic foods are coming down. There are several ways to offer organic foods and maintain cost containment. One way is to offer a slightly smaller food package. Another would be to contract w/ a particular manufacturer to control costs (similar to how formula is contracted???)

Another way is to offer organic foods offered as a separate food package; available only on request, similar to how we offer goat's milk. By doing so, we would be able to assess how many clients request the organic foods, and we could (if necessary to contain costs) offer a slightly smaller food package. Clients could decide if they want 4 gallons of conventional milk or 3 ¼ (or whatever is price comparable) of organic. Through informal sampling of women in my community who would income qualify for the program and would really like the services but won't participate due to lack of organics, it seems that many people would like to have that option. I myself was a low-income mom 10 years ago and I greatly benefited from the WIC program, which I participated in only because at that time they did offer the organic option in Oregon.

Organic foods is an important option for nutritional reasons (the attached factsheet details some of the many research findings on the superior nutritional value of organic food over conventionally grown food: higher in nutrients, essential fatty acids and antioxidants) as well as the health benefits (lower incidents of cancer, heart disease, allergies and hyperactivity). Just as we promote breastfeeding over formula feeding for reducing health risks, I feel we should offer clients that are interested an opportunity to have organic over conventional foods.

The second attachment is an example of how much we have yet to learn about the impact of pesticides. One report "concludes that consumption of organic food is the soundest strategy for consumers to assure ample margins of safety for pregnant women and young children. The Center's CIR [Critical Issue Report] provides a detailed explanation of all the reasons why." That article discusses how organophosphate insecticides target the serotonergic system and cholinesterase inhibition in fetal rat brain development. The second article attached to that report is from 11/1/06 New York Times article "Researchers Link Brain Defect With Infant Death Syndrome." This article discusses the relationship between serotonergic brainstem abnormalities and SIDS. There is no causal relationship suggested in this article that these abnormalities may be due to pesticide exposure. The research is yet to be done.

I feel that not offering the option for organic foods in this day and age with what we know to be hazardous exposures is analogous to not supporting breastfeeding. As times and understandings change, the WIC program must change. Please consider making the organic option a mandate for all states.

Thank You,

Catia Juliana, MS, CLE  
WIC Certifier

# Attachment 1

This factsheet is a summary of an article published in "Coronary and Diabetic Care in the UK 2004" by the Association of Primary Care Groups and Trusts (UK). It was written by James Cleeton, Policy Projects Co-ordinator at the Soil Association.

The article concluded that a predominantly organic diet:

- reduces the amount of toxic chemicals ingested;
- totally avoids GMOs [genetically modified organisms];
- reduces the amount of food additives and colourings;
- increases the amount of beneficial vitamins, minerals, EFAs [essential fatty acids] and antioxidants consumed;
- appears to have the potential to lower the incidence of common conditions such as cancer, coronary heart disease, allergies and hyperactivity in children.

## 1) PESTICIDES

The routine use of synthetic pesticides is not allowed under organic standards. Currently, over 400 chemicals can be regularly used in conventional farming to kill weeds, insects and other pests that attack crops. For example, Cox's apples can be sprayed up to 16 times with 36 different pesticides. 7 Only four chemicals are allowed in restricted circumstances under Soil Association standards.

"Organic food contains fewer residues of pesticides used in conventional agriculture, so buying organic is one way to reduce the chances that your food contains these pesticides" (Sir John Krebs, Chair, Food Standards Agency, Cheltenham Science Festival debate, 5th June 2003).

"Consumers who wish to minimise their dietary pesticide exposure can do so with confidence by buying organically grown food" (Baker et al 2002).

### Organophosphates

The most dangerous chemicals used in farming such as organophosphates [pesticides] have been linked with a range of conditions such as cancer, decreasing male fertility, foetal abnormalities, chronic fatigue syndrome in children and Parkinson's disease. 8,9 Pesticide residues have been ranked among the top three environmental cancer risks by the American Government. 10

### Pesticide residues in food

In recent years, UK Government research has consistently found pesticide residues in a third of food, including residues of more than one chemical in apples, baby food, bread, cereal bars, fresh salmon, lemons, lettuces, peaches, nectarines, potatoes and strawberries. 11 Not all foodstuffs are checked; instead a small number of different products is tested every 3 months and the results published by the Pesticide Safety Directorate (PSD).

### Residues of multiple pesticides: the cocktail effect

After pressure from NGOs [non-governmental organisations] such as the Soil Association, the PSD has begun testing for multiple pesticide residues in its samples because evidence suggests that when acting in combination, harmful effects of pesticide residues may be increased. The Government has recognised that "...ignoring the cocktail effects during risk assessment will lead to significant under-estimations of risk". 12

Combinations of low-level insecticides, herbicides and nitrates have been shown to be toxic at levels that individual chemicals are not. 13 - 16 It is clearly an enormous task to test all possible combinations of the 400 permitted pesticides currently in use. It is clear that not enough is known about how combinations of pesticides affect our health, and the Government's Committee on Toxicity has expressed disquiet about the risks involved. 17

### Pesticides and cancer

Women with breast cancer are five to nine times more likely to have pesticide residues in their blood than those who do not. 18 Previous studies have shown that those with occupational exposure to pesticides have higher rates of cancer. 19 - 21 The apparent link between hormone dependent cancers, such as those of the breast and prostate, may be via endocrine disrupting chemicals [compounds that artificially affect the hormone system] such as 2,4D and Atrazine (both herbicides, now banned or about to be

banned). The Royal Society [the UK's main scientific organisation] recommends that human exposure to EDCs (especially during pregnancy) should be minimised on grounds of prudence.<sup>63</sup>

#### Effects of pesticides on children

Children may be particularly susceptible to pesticide residues as they have a higher intake of food and water per unit of body weight than adults and their relatively immature organ systems may have limited ability to detoxify these substances.<sup>22</sup>

In a study of children aged 2–4 living in Seattle, concentrations of pesticide residues up to six times higher were found in children eating conventionally farmed fruit and vegetables compared with those eating organic food.<sup>23</sup> Whilst the presence of pesticide residues in children eating conventional food has been confirmed, the full effect of such pesticides are unknown.

## 2) FOOD ADDITIVES

Food colourings and additives can cause a range of health problems in adults and children. For example, tartrazine (the yellow food colouring E102) and other additives have been linked to allergic reactions, headaches, asthma, growth retardation and hyperactivity in children.<sup>24 - 27</sup>

Although around 300 additives are permitted in conventional food only 30 are allowed under Soil Association standards. Some additives found in organic food are added for legal reasons including iron, thiamine (vitamin B) and nicotinic acid (vitamin B3) in white flour, and various vitamins and minerals in different types of baby foods. All artificial colourings and artificial sweeteners are banned in organic food.

Specific ingredients and additives not allowed in organic food are monosodium glutamate, aspartame, phosphoric acid and hydrogenated fats. In each case their use has been banned because of evidence that they can be damaging to health. For example, hydrogenated fats (also known as trans fats) have been directly linked with increased rates of heart disease, cancer and skin disease. <sup>28,29,30,31</sup> The FSA [Food Standards Agency] acknowledges that they have no known nutritional benefits and increase the risk of coronary heart disease. The FSA website advises that people should try to cut down their consumption of hydrogenated fat. <sup>32</sup>

## 3) GENETICALLY MODIFIED ORGANISMS

Genetically modified organisms are banned from organic food.

The potential health effects of GM foods are unknown. Michael Meacher the former Minister for the Environment recently stated that "We have had no systematic clinical or biochemical trials of the effects on human beings of eating GM food".

A paper in Nutrition and Health <sup>33</sup> supports Mr Meacher's position. The authors state that there have only been ten published studies of the health effects of GM food and that the quality of some of these was inadequate. Over half were done in collaboration with companies (fully or partially), and these found no negative effects on body organs. The others were done independently and looked more closely at the effects on the gut lining; in several, evidence of harmful effects were found which remain unexplained. <sup>33</sup>

Similar effects on the gut lining were found in an unpublished animal feeding study on a GM tomato. In addition, a study by Newcastle University sponsored by the FSA found that the transgenes [genetically modified organisms] transfer into gut bacteria at detectable levels after only one GM meal. The health effects of these transgenes are unknown and until they have been properly tested people are, in our opinion, wise to avoid eating GM food.

## 4) ESSENTIAL VITAMINS AND MINERALS

UK and US government statistics indicate that levels of trace minerals in fruit and vegetables fell by up to 76% between 1940 and 1991. <sup>34,35</sup> In contrast there is growing evidence that organic fruit and vegetables generally contain more nutrients than non-organic food.

The Soil Association conducted a systematic review of the evidence comparing the vitamin and mineral content of organic and conventionally grown food. It was found that, on average, organic food contains higher levels of vitamin C and essential minerals such as calcium, magnesium, iron and chromium. <sup>36</sup>

An independent review of the evidence found that organic crops had significantly higher levels of all 21 nutrients analysed compared with conventional produce including vitamin C (27% more), magnesium (29% more), iron (21% more) and phosphorous (14% more). Organic spinach, lettuce, cabbage and potatoes showed particularly high levels of minerals. <sup>37</sup>

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## 5) ANTIOXIDANTS

A high antioxidant intake has been shown to be associated with a reduced incidence of coronary heart disease and some cancers. Such antioxidants include certain vitamins (vitamin E and beta-carotene) and substances known as phenolics. Researchers have recognised the growing concern that levels of some phenolics may be lower than is optimal for human health in conventionally grown foods. 38 Phenolics are generated by a plant when attacked by pests.

Generally, organic crops are not protected by pesticides and research has shown that organically produced fruit contains higher levels of phenolic compounds than conventionally grown fruit. 38,39 Danish researchers have found that organic crops contain 10% to 50% more antioxidants than conventional crops. 40

## 6) ESSENTIAL FATTY ACIDS

The essential fatty acids (EFA), omega 3 and conjugated linoleic acid (CLA) play an essential role in metabolism [chemical changes which take place in our bodies to utilise food and eliminate waste materials] and especially in the prevention of coronary heart disease and high blood pressure 41,42,43. Omega 3s also reduce the risk of neurological disorders including depression 44,45,46 and ADHD (Attention Deficit Hyperactivity Disorder) in children 47,48,49,50, 51,52. Furthermore, CLA has been demonstrated to help prevent cancer and degenerative changes in the walls of the arteries 53,54 enhance growth promotion and reduce body fat 54, 55, 56.

Forage based diets [a diet based on fresh or dried food as opposed to processed feed] form the basis of organic livestock production systems and have the potential to decrease saturated fat concentrations and to increase the concentrations of omega-3 57, 58 and CLA 59,50,61 in beef. Milk taken from animals fed on a forage-based diet also display improved levels of EFAs, including CLA and omega 3. 61, 62

## 7) ALLERGIES

In a study of Swedish children, the prevalence of atopic disorders [allergies] from two different groups of children was measured. The study compared 295 children aged 5 – 13 years from two anthroposophic schools [schools with an alternative approach to education] with 380 children from two neighbouring state schools. The anthroposophical school children ate a predominantly organic diet, used antibiotics restrictively, had few vaccinations and their diet usually contained live lactobacilli [a friendly bacteria found in the upper intestinal tract of humans and in some yoghurts and in unpasteurised milk]. It was found that the anthroposophic way of life is associated with a lowered prevalence of atopy in children. 4

The reduced incidence of atopic disorders is likely to be the result of a combination of lifestyle differences between the two groups of children so that the contribution of organic food consumption is unclear. However, consumption of organic food is the single most common factor unifying the anthroposophic children.

## 8) FERTILITY

A steady deterioration in male reproductive health has been reported throughout Europe. Sperm concentrations have declined and abnormalities in sperm development have been recorded.

Danish research compared the sperm density of members of an organic farming association (OFA) with that of three different occupational groups and found that that the former had significantly higher sperm counts 2. This research was corroborated in 1996 when members of another Danish OFA were compared with a control group of 797 healthy men. It was found that "...sperm concentration was higher among men eating organically produced food" 3.

"A biological plausible hypothesis has suggested that man-made chemicals act as endocrine disrupters (EDC) resulting in altered development of the reproductive tract causing the observed effects" 5. A number of pesticides regularly used in conventional agriculture are known to be EDCs. Therefore, if an individual's diet does not contain pesticide residues, it can be hypothesised that the above abnormalities of sperm would be less likely.

## 9) POSITION OF THE FOOD STANDARDS AGENCY AND THE GOVERNMENT

The Food Standards Agency responded to the Soil Association's report "Organic farming, food quality and human health' (2001) by stating that:

On the basis of current evidence, the Agency's assessment is that organic food is not significantly different in terms of food safety and nutrition from food produced conventionally. 1

The Government has taken a more open-minded view. At a meeting between members of the Government's Organic Action Plan

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and the FSA, the then Organic Farming Minister, Elliot Morley, suggested to the FSA that:

"...while the FSA is clear that all conventionally produced food is safe, the FSA could also recognise that some consumers want less pesticide residues, less use of veterinary medicines, no routine use of antibiotics, and no use of GM ingredients, and that in all these areas organic food delivers what the consumers want."

At that time, Sir John Krebs the Chair of the FSA, was unwilling to change its stance on organic food. However, in recent months Sir John has endorsed one of the organic sector's findings, namely that organic food contains less pesticide residues.

"Organic food contains fewer residues of pesticides used in conventional agriculture, so buying organic is one way to reduce the chances that your food contains these pesticides" (Sir John Krebs, Cheltenham Science Festival debate, 5th June 2003).

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# Attachment 2

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## Key Insecticides Disrupt Brain Development at Very Low Doses

October 2006

~~Some pesticides can disrupt the development of the brain and nervous system at extremely low doses. A study published in~~  
October 2006 provides key new insights into how and why (Slotkin et al., 2006).

~~The organophosphate (OP) class of insecticides includes some of the most dangerous pesticides still in widespread use. This~~  
family of chemistry has been the dominant focus of the Environmental Protection Agency (EPA) in the implementation of the  
"Food Quality Protection Act," major legislation passed in 1996.

Whether and how OPs can disrupt the development of the brain and nervous system has been one of the hottest areas in  
developmental biology. Major strides have been made in understanding how certain pesticides that impact the endocrine system  
can block, or over stimulate certain key developmental stages. ~~The just published study shows that OP insecticides disrupt brain~~  
~~development through a variety of impacts on the serotonin system.~~ (Serotonin is a hormone-like neurotransmitter).

The study reaches two key conclusions with important implications on pesticide risks. ~~First, different OP insecticides impact the~~  
~~functioning of the serotonergic system in different ways, and hence can trigger developmental abnormalities in the brain and~~  
~~nervous systems through different mechanisms.~~ The EPA continues to regulate all OP insecticides as if they impair health  
through the same mechanism, an assumption that is not supported in the case of developmental neurotoxicity.

Second, Slotkin et al. (2006) found that some OPs impair neurological development at doses four to five-times lower than the  
doses causing detected levels of acetyl cholinesterase inhibition. The EPA has recently finished its risk assessment of the OPs  
that required ten years of work and concluded that current OP uses and residues in food meet the FQPA's strict new safety  
standard. The problem is, however, that the EPA focused on cholinesterase inhibition as the common mechanism of OP toxicity,  
not developmental neurotoxicity, and now new science shows that developmental problems can be triggered by OP exposures far  
lower than what EPA has just recently deemed "safe."

For many years the scientific community has been more concerned about the developmental neurotoxicity of OPs, in contrast to  
the typically transient inhibition of cholinesterase in the blood or brain. This new science points clearly to the need for EPA to

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revisit and update the OP risk assessment, this time based on developmental neurotoxicity. Almost certainly, new regulatory restrictions on OP use will be necessary to prevent developmental risks from OP residues on fruit and vegetable crops.

Since imposing new regulations will likely take years, other options need to be pursued in the interim to reduce OP dietary exposure. An Organic Center "Critical Issue Report" (CIR) analyzes the effectiveness of a number of initiatives designed to reduce children's dietary exposures to pesticides over the last decade (Greene et al., 2006). It concludes that consumption of organic food is the soundest strategy for consumers to assure ample margins of safety for pregnant women and young children. The Center's CIR provides a detailed explanation of all the reasons why.

Sources: "Organophosphate Insecticides Target the Serotonergic System in Developing Rat Brain Regions: Disparate Effects of Diazinon and Parathion at Doses Spanning the Threshold for Cholinesterase Inhibition."

Authors: Theodore A. Slotkin, Charlotte A. Tate, Ian T. Ryde, Edward D. Levin, and Frederic J. Seidler

Environmental Health Perspectives, October 2006, Vol. 114, No. 10: pages 1542-1546. Accessible below, or free of charge at <http://www.ehponline.org/members/2006/9337/9337.pdf>

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## Researchers Link Brain Defect With Infant Death Syndrome

By BENEDICT CAREY

Published: November 1, 2006, NY Times

Infants who die in their sleep of no apparent cause often have subtle defects in an area of the brain that regulates breathing, heart rate and arousal, doctors are reporting today.

### Multiple Serotonergic Brainstem Abnormalities in Sudden Infant Death Syndrome (JAMA)

The findings, appearing in The Journal of the American Medical Association, provide the strongest evidence yet that a physical abnormality, probably genetic in origin, can help explain what until recently was a matter of speculation for scientists and deep anxiety for new parents: sudden infant death syndrome, or SIDS.

More than 2,000 babies a year, about 7 of every 10,000 born in this country, die of SIDS in the first months of their life.

Researchers have found that many of the deaths occurred while the babies, most of them boys, were sleeping on their stomachs, often on soft bedding or in a bed with someone else.

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A public education campaign teaching parents to place infants on their back on a firm mattress has reduced the SIDS rate in recent years.

Suspensions of child abuse also cloud many sudden infant deaths, though recent research suggests that abuse is responsible in less than 5 percent of such cases.

The new study confirms that a far more important cause is defects in how neurons process serotonin, a brain chemical associated with mood and arousal. Experts said the findings could help doctors develop a diagnostic test for SIDS risk and possibly preventive treatments.

"This is the most sophisticated, most impressive study so far looking at the serotonin system," said Dr. Debra E. Weese-Mayer, director of pediatric respiratory medicine at Rush University Medical Center in Chicago, "and it's going to drive genetic studies to find out what's behind this." Dr. Weese-Mayer wrote an editorial accompanying the Journal article.

The research team, led by doctors at Children's Hospital Boston, compared brain tissue from 31 infants who died of SIDS from 1997 to 2005 with samples from 10 babies who had died of other causes. They focused on an area of the brainstem called the medulla, which regulates breathing, sleep-and-wake cycles and other vital functions.

They found, among other oddities, that cells in this region of SIDS babies' brains were significantly less sensitive to serotonin than those in the other brains. The brainstem supports the autonomic nervous system, which helps rouse sleeping people if they are breathing too little oxygen, the authors said, and serotonin keeps the system responsive. The defects were particularly striking in male brains, which could account for boys' higher risk of SIDS, they said.

Previous studies had pointed to similar defects, but the new research pinpointed their location.

"I think this abnormality probably begins during gestation, in the womb, as the brainstem is developing," said Dr. Hannah Kinney, the senior author of the study, which was financed by the National Institutes of Health and a coalition of SIDS advocacy groups, including the CJ Foundation for SIDS in New Jersey.

The study findings are based on tissue from white and Hispanic infants provided by the medical examiner's office in San Diego. They may not apply to blacks or other ethnic groups, Dr. Kinney said.

Evidence of a clear biological basis for SIDS deaths may comfort many parents who blame themselves, as well as give them reason to hope for treatments.

"For parents like us, I think we are looking forward to the next step, to get to the point where we'd have a screening test and a cure," said Robert Kossar, a father in New Jersey who with his wife, Michelle, started the Ryan Wolfe Kossar Foundation in honor of their infant son who died of SIDS in 2004.



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November 6, 2006

NOV - 6 2006

LA-705

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Portsmouth: 436-3702  
Salem: 893-9185

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

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

Dear Ms. Daniels:

The Rockingham Community Action WIC Program, a local agency providing WIC Services for up to 2,600 women, infants and children in Rockingham County, New Hampshire wishes to concur with the State of New Hampshire Division of Public Health Services, WIC Program's comments with one exception regarding infant formula for partially breastfed infants during the first month:

**Infant Formula**

The NH WIC Directors Association believes that a CPA/nutritionist in collaboration with the participant and their medical provider should be allowed to make a decision regarding the issuance of formula for the partially breastfed infant in the first month. This decision should be based on the nutritional need of the partially breastfed infant during this timeframe and should allow for up to four cans of formula to be issued as a back-up source of nutrition for the baby. This should be allowed in the event that breastfeeding has not been well-established in the first month or there are other extenuating circumstances including the health of the mother or infant that would impact nutritional status. It is our belief that this will encourage continuation of breastfeeding beyond the first month.

The New Hampshire WIC Directors Association does, however, concur with the following comments offered by the New Hampshire Division of Public Health Services, WIC Program and wishes to be recorded as supporting their specific comments regarding:

- Milk
- Milk Substitution
- Cheese and Eggs
- Dried beans, Peas, and Peanut Butter

- 
- Canned Beans as substitution for Dried beans
  - Canned Fish
  - Cereals
  - Whole Grain bread and other Whole grain Options
  - Fruits and Vegetables
  - Juice
  - Infant Foods-Fruits, Vegetables, and Meats
  - Infant Cereal
  - Infant Formula: Concurrence with the following sentences **only** under the Infant Formula heading from the New Hampshire Division of Public Health Services, WIC Program, *“While we understand the nutritional basis for the range in amounts of infant formula based on the infants age, we find the USDA proposed methodology to be somewhat confusing and feel it may lead to extreme confusion by participants on the number of cans they will receive and how much to feed their infants. We understand the overall goal is to allow rounding up or down over the 12 months period, but feel this approach will be difficult to explain to participants. We understand that the New York WIC program has offered an alternative methodology that provides a more consistent number of cans, and our initial review is positive about this approach, as it provides a consistent amount of formula during the first six months and then during the second 6 months.*

Thank you for the opportunity to comment on this important component to the WIC Program.

Sincerely,



Karen K. Moyer  
WIC/CSFP/FMNP Director

NOV 06 2006

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A. Maggie Dumont, Administrator/ WIC Director  
Iris E. Marchante, M.S.,R.D., Assistant Director/Head Dietitian  
Magda Ramos, Assistant Director/Outreach Coordinator  
Mildred Perez Agostini, IBCLC, Breastfeeding Coordinator

St. Barnabas Hospital WIC Program

2021 Grand Concourse

Bronx, NY 10453

Telephone: (718) 901-9510

Fax: (718) 901-9503

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**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

LA-706

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

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The WIC Program is ready and able to meet the needs of the women, infants and children facing economical and in most cases health hardships in the United States of America. As a nation we are combating obesity, nutrient deficiency due to poor diets, diabetes, heart disease and many other health related problems due to inadequate and poor nutrition. The best starting point in this battle is the WIC Program, since we see the infants, in many cases, since birth.

The proposed food package changes are an excellent effort toward this goal. However, there are some points that need to be looked at carefully. The proposed changes have to provide some flexibility to each State WIC Program. For example, the soymilk indicated is not available in most states. Another example, bread is not sold by the pound but by the loaf. A third example is tofu. The proposed regulations do not specify the required calcium content of allowable tofu products. Each state should be allowed to research the local options available and choose which products to approve. Revisions are needed in these three points to allow the states some flexibility.

One of the main concerns, as a direct provider to the participants of the WIC Program in the Bronx, is the formula amount indicated for infants throughout the year. First of all, we strongly support breastfeeding. We understand the scientific rationale behind providing different amounts based on the age of the infant. However, this will simply not work. Please simplify this process for the "real life " and change this point to two issuance amounts. In addition, allow the WIC Program to issue at least some formula for the first month of life. As workers in the field, we can tell you that, especially first time mothers, mothers have formula in the home or their infant bags, as a back up plan. The only way that formula can be avoided is to ask Mead Johnson, Ross and Nestle to stop the production of formulas and close their companies.

Thank you for the opportunity provided in allowing all concerned to voice their concerns in this important matter. If you would like to come to our agencies and obtain first hand experience our doors are opened at any time.

*Shirley E. Marchese MS RD*  
**U.S. WIC PROGRAM**  
**200 WEST 107<sup>th</sup> STREET**  
**BRONX, NY 10459**  
**(718) 220-3020 Ext. 8313**

NOV - 6 2006

Nov 3, 2006

Bronx Lebanon Hosp. Center  
WIC Program  
21 East Mt Eden Ave.  
Bronx, N.Y. 10451

LA-708

Dear Ms. Patricia N. Daniels,

Here is my comment about the  
proposed change of food packages.

It was suggested that the first  
month of the new born baby should not be given  
formula. This is good to give only the breast milk  
because it has Colostrum. It is little thick and  
yellow which is loaded with protein and anti-  
bodies that are essential to the baby's health.

All the other proposed change of food  
packages are good.

Thank you,  
Ms. Secorro R. Flores  
BF Coordinator + Nutritionist

NOV - 6 2006

East New York Diagnostic & Treatment Center  
WIC Program  
November 1, 2006

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

LA-709

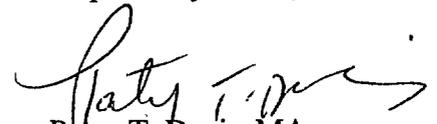
Dear Ms. Daniels

I am employed with the East New York Diagnostic & Treatment Center here in Brooklyn N.Y.

I have been eagerly awaiting changes to the participants Food package. I am particularly satisfied with the proposed changes for the Breastfeeding Women, which I believe have been problematic . I am concerned however , with the aspect of forced issuance of reduced fat milk to Children and or Women . WIC is a service program providing Education to participants. One can endeavor to Educate , Suggest, Advise , Cajole into change. But I believe there must remain an Option of whole milk VS. Reduced or low fat milk in the package issuance. Forced issuance of a staple food product such as milk , can increase the incidence of abuse or misuse of WIC checks and the desired overall objective not being realized.

Thank you,

Respectfully Yours,

  
Patsy T. Davis, MA  
Head Dietitian

Cc: Alet Dehaney ,Coordinator

NOV - 6 2006

WARREN COUNTY



HEALTH SERVICES

MUNICIPAL CENTER, LAKE GEORGE, N.Y. 12845  
(518) 761-6425

November 5, 2006

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

LA 710

Dear Ms. Daniels,

I've served as Director of the Warren County WIC Program in New York State for 26 years. For over 25 years, I have looked forward to changes in the WIC food package. Thank you for tackling this arduous task and bringing us through this long process. Much good will surely come from your efforts.

Staff are genuinely excited about many of the currently proposed options. There are, however, some areas of concern that we feel would negatively impact the families we serve.

- The WIC Program works because staff establish a rapport with our participants in which we work with them to help improve the lives of their children. Requiring medical documentation for routine food items effectively limits their number of choices and increases the number of things that we impose on them. The working relationship suffers and the client, as well as the food package, become less valued. It's too high a price to pay for the benefit of control.
- Every member of our staff believes wholeheartedly in the benefits of breastfeeding. In our relatively small program, we become familiar with our moms and their individual circumstances. Numerous case studies could be shared in which women would never have breastfed successfully if supplemental amounts of formula had not been initially available. We're making great progress on our breastfeeding numbers, but we are doing it within the constraints of our participants' reality. Please trust us to issue up to 2 cans of powdered formula per month. There are times when formula can play a role in supporting breastfeeding rather than undermining it.
- Individuals are much more likely to switch from whole milk to skim milk by compromising and moving first to 2% - reminiscent of Rome not being built in a day. Please allow us to issue fruit in light syrup. Light syrup is surely toward the bottom of the list of culprits causing childhood obesity.

- 
- In keeping with the attainable incremental step philosophy, we request a reduction in the percentage of required whole grains in WIC approved cereals. Help us wage our battle of cereal versus donuts, danishes, coffee cakes, English muffins, etc. Families are more likely to eat the cereal if they have more options available to them.
  - Could we please simplify the formula allotment? With the current proposal, we'll spend most of our nutrition education minutes trying to explain the reasoning behind it. We would prefer issuing 9 cans for the first six months, 7 cans for the next four months and 6 cans for the last two months.
  - If we're sincere about helping New York State farmers, we need to have flexibility when contracting with them to accept WIC vouchers. How many would be able to stock the minimum requirements expected of our standard vendors?

Don't allow this list of concerns to diminish our overall support for the proposed changes. With a little tweaking here and there, we'll be able to serve families better than ever before. Thank you for an opportunity to join in the process.

Sincerely,

A handwritten signature in cursive script that reads "Jean Spencer".

Jean Spencer MA, CDN

NOV - 6 2006

Date: November 4, 2006

To: Patricia Daniels and staff at FNS / USDA  
Re: WIC Food Packages Rule  
Docket ID Number 0584-AD77

CA-711

I am writing to express my opinions regarding the proposed food package changes for the WIC Program. Most of the changes are very good. I like the idea of fresh fruits and vegetables, canned beans, alternatives to cow's milk, and the baby foods. I would like to see more fresh fruit and vegetable choices for infants, and maybe even meats, instead of so many jars of baby food.

My main concern is the policy of making women choose in the first month of their baby's life, between exclusive breastfeeding and formula feeding. I am a WIC Nutritionist and Breastfeeding Coordinator in Utah. Our Breastfeeding rates are quite high for initiation, but we see many clients who are struggling with lactation in those first few weeks. When they come to their first WIC appointment they quite often have started supplementing with a little formula either because the doctor has told them they need to, or because they have been frustrated with breastfeeding and have decided to use some of the free samples they have been given. Our approach is to help them get breastfeeding going better by providing support, and information; and occasionally some formula if they really need it. Sometimes they do need some formula on a temporary basis to get the baby's weight up, establish a good milk supply, and correct problems from a poor start to lactation. If we offer only one or two cans of formula, and continue to support the breastfeeding through peer counselor contacts and WIC lactation specialists, many of our clients do achieve success with breastfeeding. Some even let us know that they no longer need the formula.

I understand the importance of promoting exclusive breastfeeding from the start. I agree that it is best. Many of our clients do achieve this goal, and continue longer than most in the nation, but the reality is that a large percentage of women are not so determined. If things are challenging in that first month, and the WIC nutritionist says that if we give any formula it has to be the full amount, they will probably take it. They may even feel like we have withdrawn our support so they may as well stop trying to breastfeed. With all that we have done over the past several years to make support of breastfeeding a priority in WIC, I feel it would be a shame to start giving so much formula to clients who only need a small amount, and contributing to more women turning to formula instead of breastfeeding.

From my experience I have observed that if a Mom is struggling with breastfeeding, and she receives more formula than she needs, she will start to use what she has available and soon will need even more as her supply decreases. If we have to tell a Mom it's either no formula or the maximum, most clients who really feel they need formula will take the 9 cans. Even if they only plan on using only a few of them, they will tend to use it more if the supply is plentiful. Soon they will need more because they will produce less breast milk. Our policy will undermine our efforts to promote breastfeeding. It just doesn't make sense to me (financially or philosophically) to give a new Mom so much formula when she may only need a few cans. A trained professional in lactation support should be able to judiciously offer the number of cans of formula needed so that breastfeeding can continue to the extent possible.

We have excellent peer counselors in our area. They provide support and encouragement to our WIC clients, especially in the first month after delivery. Occasionally a woman who is exclusively breastfeeding has problems, but the majority of the clients they work with are those who are facing challenges. If they come to WIC either before or after the peer counselor has started working to help them, and they get 9 cans of formula, how effective will our peer counselors be in promoting breastfeeding? WIC will be giving them two totally different messages.

How would we count breastfeeding clients according to the new policies? If a woman is breastfeeding about half of the feedings in a day, would we count her as breastfeeding? Or would we count her as not breastfeeding if she accepted the formula? That would make our CDC breastfeeding rates decrease dramatically. If exclusive breastfeeding is the only breastfeeding we include in our rates we will see very different numbers than we are used to. It will be impossible to meet the 2010 objectives, even in states that have the highest rates. I believe this policy, of recognizing only exclusive breastfeeding or full formula feeding in the first month, will significantly reduce breastfeeding among our WIC clients.

In our state most babies are seen at the initial certification, then not again until 3 months later at a class. If they take the full amount of formula, even if they are partially breastfeeding, we would not know we need to reduce it to the partial amount until that second appointment. That would be a tremendous waste of WIC dollars, and perhaps increase the risk of Program abuse by parents who have more formula than their baby needs.

I do agree that a woman who is partially breastfeeding should not receive the same amounts of food as a woman who is exclusively breastfeeding. And if they are breastfeeding less than half of the feedings, they should get less than someone who is mostly breastfeeding. I would like to see the women who are still breastfeeding a few times a day remain on the WIC Program and receive some food for themselves even after the baby is 6 months old, although I feel it should be a small amount.

My other concern is with the policy of giving a certain number of ounces of formula over several months, making the CPA calculate how much to give over that time period. It seems to be very labor-intensive and complicated. It would take a lot of time to figure amounts for each client, and there is a greater risk of over-issuing the formula. Please keep it simple so we can spend our time with the client in activities that are more productive.

Thank you for asking for input regarding these changes and your consideration of our responses. I hope my experience and suggestions are helpful as you work out the details of these changes.

Sincerely,

Sherrie Green, WIC Nutritionist  
Bear River Health Department  
655 East 1300 North  
Logan, UT 84341

# Kentucky River District Health Department

441 Gorman Hollow Road  
Hazard, Kentucky 41701-2316

Phone (606) 439-2361  
Fax (606) 439-0870

NOV - 6 2006

Centers In:

BEATTYVILLE, KY  
BOONEVILLE, KY

CAMPTON, KY  
HAZARD, KY

HINDMAN, KY  
HYDEN, KY  
WHITESBURG, KY

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

LA-712

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

Dear Ms. Daniels:

We strongly and enthusiastically support the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. Our organization, Kentucky River District Health Department has served WIC clients for more than 30 years and we are excited about the upcoming healthy changes to the WIC food package. The WIC Program began in Kentucky in January of 1974 and we have strong history in the support of this Program.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned 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, WIC will pay for less juice, eggs and milk that have been staples of this extremely successful public health nutrition program, which helps feed more than half the infants born in the United States. While there is some disappointment over the Department's decision to pay for fewer fruits and vegetables than recommended by the IOM, we believe that WIC clients will be pleased that there will be more choices in the foods offered.

We support the following additions or changes in the proposed food package regulations:

- Providing 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;

- Adding 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. This addition is slightly below the IOM recommendation but will allow for cost neutrality and provide new foods for women and children served by WIC. The addition of fruits and vegetables can increase consumption and lead to a decrease in obesity, diabetes, cancer and heart disease.
- Adopting the minimum vendor inventory of two fruits and vegetables will allow for rural and small vendors in Kentucky to be able to meet the new requirements. While this amount appears to be low, this will allow the vendor to meet the requirements and to work with the clients they serve to provide the variety requested by the WIC participants.
- Maintaining the amount of dairy products and eggs provided in the new regulations that support the *2005 Dietary Guidelines for Americans*.
- Adding alternative calcium sources such as soy milk and tofu are important for participants with milk allergies, lactose intolerance, personal preference and the cultural diversity of WIC participants.
- Providing guidelines for minimum levels of protein and potassium for soy milks to provide a nutrient rich product for participants. The minimum level of 6.25 grams of protein and 210 milligrams of potassium per 8 ounce serving will allow for the inclusion of light soy milk in addition to regular soy milk. This is a slight change (40 milligrams) in the amount of potassium but would allow more variety for participants.
- Allowing the provision of soy milk and tofu for women or children without the requirement of medical documentation.
- Adding whole grain requirements for cereals and whole grain breads and other whole grains such as corn tortillas and brown rice. The consumption of whole grains is beneficial in reducing the risk of coronary heart disease, type 2 diabetes, and gastrointestinal cancers and will help to maintain weight and increase fiber.
- Allowing the substitution of “wheat-free” cereals based on a medical prescription due to the medical needs of certain participants.

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, 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 this package, I believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman’s food package changes be implemented concurrently and that States be given the option to establish criteria under which infant formula may be provided in the first month. This would include the options of:

- no formula
- no formula unless medically indicated
- one can of powdered formula as recommended in the IOM Report.

States would be able to incorporate these options into their existing breastfeeding policies and procedures.

Pat Daniels

Page 3

Date 11/06/06

We recognize that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages and without exception. State agencies are looking forward to fully implementing the proposed rule. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

Again, we enthusiastically and strongly support the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers' Markets, support participant choice, and most important, 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 exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our 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.

We look forward to working closing with my State Agency and the USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

  
Alice Caudill, RD, LD  
WIC/Nutrition Coordinator  
Kentucky River District Health Dept.

CC: Karen Cooper  
Libby Banks



NOV 06 2006

**PUBLIC HEALTH**

**Ralph Wilmoth, MPH, MPA  
Director**

**Promoting Health. Preventing Harm.**

November 2, 2006

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

LA-713

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

Dear Ms. Daniels:

I am writing to express my support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food packages. I am the Coordinator of the WIC Program for Johnson County Public Health located in Iowa City, Iowa as well as a registered dietitian providing nutrition education to WIC clients.

I believe the changes reflected in the proposed rule are consistent with the *2005 Dietary Guidelines for Americans* and national nutrition guidance including those from the American Academy of Pediatrics. These changes will promote a healthier lifestyle to a population of low-income people with medical and nutritional risks while reflecting cultural sensitivity and greater variety of food choices. This can only lead to a reduction in chronic diseases and increase overall health.

Since the proposed rule is still in the deliberation stage, I request that you take the following comments and recommendations into consideration:

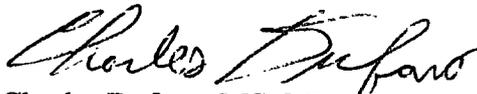
- The food package for partially breastfeeding women should not be piloted. This testing period could last three years and delaying the implementation of this package will result in many women choosing to formula feed. Fully breastfeeding, partially breastfeeding and fully formula feeding women's food package changes should be implemented concurrently.
- A restriction of any formula during the infant's first month for women who try to exclusively breastfeed may cause anxiety for some of these women which would lead to no attempt to breastfeed at all. While the spirit of the proposed rule is to promote breastfeeding, the opposite effect may result. I would suggest the option to provide at least one can of formula during this time following consultation with a WIC dietitian, and ideally additional formula at the dietitian's discretion.

- In the same way, the proposed restrictions of formula amounts offered to partially breastfed infants does not take into account the difficulty their mothers may have finding an appropriate place to express milk upon returning to school or work. The formula quantities in the proposed rule would provide 12 oz, 14.5 oz, and 10 oz per day based on the three food packages which would most likely not be sufficient in light of limited amounts of expressed milk obtained during the workday. Again, the amount of supplemental formula should be at the discretion of the WIC dietitian. Partially breastfeeding mothers should be allowed to receive WIC benefits throughout the infant's first year.
- I have a concern that the proposed rounding methodology for infant formula is too complicated and would not be administratively feasible. Formula container sizes change, new formula products are developed while others discontinue, and clients present formula prescription changes. These situations make the rounding method cost-prohibitive. In addition, the proposed rounding methodology will result in varying the number of formula cans the infant receives over a series of months. This will lead to confusion and potential claims of discrimination.
- The decrease in the amount of milk provided in all food packages is acceptable. However, there should not be a steadfast restriction against whole milk for children two years of age and older. There are certain circumstances in which whole milk would be recommended (e.g. small stature three year old requiring increased calories) and this decision is best left to the WIC dietitian.
- Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Minimum standards of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving should accommodate this. While the milk substitutions proposed are desirable there is no need to require medical documentation for children in order to issue those foods to them. Medical documentation would place a burden on local health care providers since registered dietitians do not have prescriptive authority.
- The introduction of providing vegetables and fruits through WIC is excellent. I would encourage you to increase the dollar amount provided to fully breastfeeding women to \$10 to provide further incentive and support for breastfeeding. The dollar denomination of the cash-value vouchers and the minimum vendor stocking requirements should be determined by the states. This will better ensure accessibility, cultural appropriateness, and affordability of produce. Furthermore, participants should be able to pay for any excess costs for fruits and vegetables beyond the value of the cash-value vouchers to avoid stigma and maximize efficiency at the grocery check-out.
- The whole grains component and decreased amount of juice are also excellent proposals. However, please take into account the feasibility of obtaining these foods at the market. Loaves of whole grain bread generally weigh more than one pound. I would recommend allowing up to 24 ounces per loaf of bread. WIC-approved juices are available mostly in 46 oz or 64 oz containers with limited varieties in 32 oz containers. The proposed 128 oz of juice does not efficiently divide well with 46 oz or 64 oz containers. I would suggest a 144 oz juice allotment for Food Package IV.

- The addition of canned beans, canned low-mercury fish and jarred baby food show great insight into the WIC population's needs and are excellent additions to the food packages. Considering that many infants are eating table foods by 9 months, it may be more practical to offer jarred foods at 6 – 8.9 months and the choice of fruit and vegetable cash-vouchers or jarred foods at 9 – 11.9 months. Jarred meats can be retained for exclusively breastfeeding infants along with fruit and vegetable cash-vouchers.

I appreciate the opportunity to share my comments and recommendations with you regarding the proposed rule.

Sincerely,



Charles Dufano, MS, RD, LD  
WIC Coordinator

Jeb Bush  
Governor



M. Rony François, MD, MSPH, PhD  
Secretary

November 2, 2006

NOV 06 2006

LA-714

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 Package Rule"

Dear Ms. Daniels:

The Polk and Hardee Counties WIC Program in Florida, strongly supports the USDA issued proposed rule governing the WIC food Package published in the Federal Register on August 7, 2006.

The revisions are based on sound science, aligned 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 package provide WIC participants with a wider variety of choices, allow state agencies greater flexibility to accommodate cultural food preferences and address nutritional needs of our 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." As the Institute advised, the WIC Program needs to respond to changes in nutrition science, demographics, technology, and the emerging health concerns of our nation. The proposed rule appears to balance the new foods with recommending less juice, eggs and milk to maintain cost neutrality. The addition of fruits and vegetables is essential to promote the health benefits widely known to be provided by these foods.

We support the addition of infant fruits and vegetables at 6 months of age in varying amounts for fully breastfeeding, partially breastfeeding and fully formula feeding infants, as well as infant food meats for fully breastfeeding infants. The addition of fruits and vegetables through "cash value vouchers" in the proposed amounts of \$8 for women and \$6 for children is a great benefit to families. We strongly support the amount for fully breastfeeding women to be increased to \$10 to match the IOM recommendation to provided further incentive and support for fully breastfeeding.

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**POLK COUNTY HEALTH DEPARTMENT**

Daniel O. Haight, MD  
Director

**OFFICE OF THE DIRECTOR**  
1290 Golfview Avenue, 4th Floor Bartow, FL 33830-6740  
Phone (863) 519-7900 FAX (863) 534-0293

Lynne M. Saddler, MD, MPH  
Assistant Director

The proposed rule generally supports breastfeeding. However, we do not support the recommendation to pilot test the food package for the partially breastfeeding woman. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently to avoid the appearance of "partiality". We strongly recommend 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 in the IOM report. Knowing our clients, we feel that given no option of minimal formula in the first month will dissuade mothers to breastfeed altogether.

The recommendation to "round up formula" to the maximum reconstituted amount over time creates an administrative burden for local WIC agencies. The cans change in size periodically as determined by manufacturers and to track the can size over a period of a year for rounding up calculations is an additional burden to already overworked and understaffed local WIC agencies. We hope this will not be included in the final rule.

The calcium-set tofu and calcium-rich and vitamin D-rich soy beverages as alternatives for milk are long overdue as a benefit to families who require this soy preference to meet their nutritional needs. It is imperative that women and children be able to receive soy products without the requirement of medical documentation, as we do with the need for Lactaid Milk. The reputation of the WIC Program will suffer in the medical community if we send families to their physician to support a normal nutrition food choice. The added time and cost to participants is not acceptable and it creates an administrative burden for local WIC agencies. We hope that this will be excluded from the final WIC Food Package rule.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with current scientific recommendations. In some states, however, including Florida, whole wheat tortillas may not be readily available in quantities that equal a pound and while they should be included in the new food package, it should be noted that whole wheat tortillas are significantly more expensive than corn tortillas. We support the IOM recommendation to make substitutions for "wheat-free" cereals based on medical prescription.

We recommend flexibility in providing whole milk to women and children over two years of age who are underweight since this is a viable choice to support their caloric requirements.

Because of the extraordinary number of very overweight WIC children in our local program and nationwide, we also strongly recommend that all children over age two with BMI => 95%tile for age be given low fat or fat free milk with no option for reduced fat milk. Based on a milk intake of 16 ounces per day for a child over age two, this simple change in the food package could reduce caloric intake by 3,600 calories a month for a child drinking fat free milk as compared to whole milk. In addition, this change is in keeping with changes in milk offered by local school systems. The School Board of Polk County Florida offers only fat free and low fat milk with no option for reduced fat or whole milk to its 91,494 students in kindergarten through 12<sup>th</sup> grade.

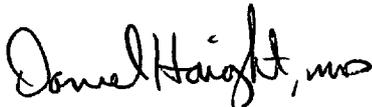
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WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for breastfeeding women will greatly improve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

Sincerely,



Susan Kistler, MS, RD, LD/N  
WIC & Nutrition Director  
Polk County Health Department



Daniel O. Haight, MD  
Director, Polk County Health Department,  
Associate Professor, University of South Florida

NOV - 6 2006

Santa Barbara County

**PUBLIC Health**  
DEPARTMENT

**Nutrition Services/WIC**

315 Camino Del Remedio ♦ Santa Barbara, CA 93110  
805/681-5275 ♦ FAX 805/681-4755



November 4, 2006

CA-739



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

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

Dear Ms. Daniels,

Thank you for the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages. On behalf of the **Santa Barbara County Public Health Department Nutrition Services / WIC Program in California with a caseload of 16,175**, I am pleased to support these long-awaited reforms.

**Breastfeeding Support:**

- Please approve the no formula for a breastfeeding mother in the first month and help protect a mother's milk supply. Please consider increasing support for International Board Certified Lactation Consultants (IBCLCs) and Lactation/Peer Counselors that are able to help new mothers solve breastfeeding problems instead of giving formula.
- Formula fed infants have higher chances of being overweight or obese and developing diabetes. Infants fed formula are sick more often and have higher rates of diarrhea, respiratory problems, doctor office visits and increase medical care costs. Please help protect our low income mothers milk supply. The WIC population needs this head start.

We look forward to working with USDA and the WIC program to implement these excellent food package improvements over the next few years.

Sincerely,

Meg Beard MPH, CHES, RD, IBCLC  
Breastfeeding Coordinator & HIV Nutritionist  
Santa Barbara County Public Health Department  
Nutrition Services / WIC  
315 Camino del Remedio  
Santa Barbara, CA 93110  
(805) 681-5276 Fax (805) 681-4755 meg.beard@sbcphd.org



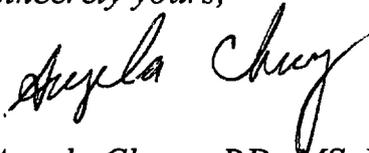
NOV - 8 2006

LA-838

*Dear Friend at US Department of Agriculture,*

*My name is Angela Chung and. I am a Register Dietitian. I really like the idea of adding fruits and vegetables to the food instruments. Fruits and vegetables have great health benefits to our WIC participants. There are many fibers in the fruits and vegetables that help to reduce the risk of cancer, HTN, and heart disease. I also like the idea of reducing the amount of juice. Many of our WIC children are drinking too much juice. It is much healthier for children to eat more really fruits than drinking too much juice. Juice contributes too calories that may lead to overweight to our WIC children. Adding more choices for our participants such as soymilk and tofu are excellent. I have Asian WIC participants that they don't drink milk and they don't eat cheeses. Therefore, adding soymilk and tofu to the food instruments is an excellent idea. I look forward to these new changes and I am really proud of the US Department of Agriculture for making such great changes on the food instrument. Thanks!*

*Sincerely yours,*



*Angela Chung, RD, MS, IBCLC, CLE*

*Supervising Nutritionist*

*Angelus Plaza*

*Oct 4, 2006*

NOV 03 2006

LA 949

Dear Friends  
at U.S.D.A.

I just want to  
thank you for  
contemplating the change  
of the WIC foods  
for our clients health  
and well being

Thank you  
Melina Oert  
WIC Employee

October 28, 2006

NOV 06 2006

LA-  
1098

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

Docket ID Number 0584-AD77-WIC Food Packages Rule

Dear Ms. Daniels:

I am writing in reference to the proposed new WIC Food Packages. I strongly support and recommend finalizing the rule as soon as possible for this new food package will enhance the participants to get fresh fruits and vegetables, whole grain cereals, yogurt and the other proposed food. Based on participants of Santo Domingo Pueblo's data I feel that they are failing to meet the nutritional dietary guidelines, which concerns me as a nutrition assistant.

We have a local mom and pop stores on the reservation but they don't carry fresh fruits and vegetables on a daily basis so our nearest grocery stores are about 30 to 45 minutes away. Majority of our participants don't have transportation.

Thank you also for proposing the new food package rule. This new food package will able the participants to make more nutritious choices and it will also help us as nutritionist to educate our participants.

Again thank you for all you do, I appreciate the extra help you give our families in this reservation as well as mine for I have a grand daughter who is a year old and participating in the WIC Program.

Sincerely,



Georgia Tortalita, Program Specialist  
Santo Domingo WIC Program

LA-1100

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From: WebMaster@fns.usda.gov  
Sent: Wednesday, October 11, 2006 7:24 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

NAME: Melinda Morris  
EMAIL: mmorris@co.boulder.co.us  
CITY: Boulder  
STATE: CO  
ORGANIZATION: Boulder County Public Health  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 11, 2006  
Time: 07:23:36 PM

COMMENTS:

I strongly support the proposed rule to change the WIC food package for the first time since its inception.

LA-1101

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 12, 2006 3:09 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: rhonda kissick  
EMAIL: rkissick@clincohd.com  
CITY: wilmington  
STATE: ohio  
ORGANIZATION: wic  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 12, 2006  
Time: 03:08:57 PM

COMMENTS:

- 1) Agree with reducing the amount of milk provided to all participants, including formula for infants past the age of 6 months. Don't agree with reducing formula for infants younger than 6 months. I like the idea of offering yogurt as a dairy choice.
- 2) Offering canned beans is a great idea.
- 3) Do not agree with offering whole grain bread and other whole grain options to WIC participants.
- 4) I agree with eliminating juice and offering fruits and vegetables to WIC infants. I also agree with decreasing the amount of juice provided to all participants.

LA-1102

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 12, 2006 4:27 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Merlyn E. McCalla  
EMAIL: mmccalla@co.riverside.ca.us  
CITY: Riverside  
STATE: California  
ORGANIZATION: Riverside County Community Health Agency DOPH Nutrition  
Services Branch  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 12, 2006  
Time: 04:26:43 PM

COMMENTS:

The proposed new WIC foods have been a long time in coming but they are so very welcome.

I especially appreciate the changes that will accomodate the various ethnic groups and thereby avoid waste. The inclusion of fruits, vegetables, and grain give credence to our Food Guide and help us "practice what we preach" WIC is truly the greatest American Program of its kind. Thank you for your continued support.

LA-1103

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From: WebMaster@fns.usda.gov  
Sent: Thursday, October 12, 2006 6:15 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Julie Maciel  
EMAIL: jmaciel@co.riverside.ca.us  
CITY: corona  
STATE: ca  
ORGANIZATION:  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 12, 2006  
Time: 06:14:42 PM

COMMENTS:

I think it is great that you added fruits and veggies to the wic checks. That will give every family healthier fresh foods to enjoy.

LA-1104

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From: Donna Hawkins [donnah@cyhs.com]  
Sent: Friday, October 13, 2006 9:50 AM  
To: WICHQ-SFPD  
Cc: Stephanie.Bess@Illinois.Gov  
Subject: Comments-Docket ID Number 0584-Ad77, WIC Food Package Rule

I am responding to the recommendations for the WIC Food Packages. Overall I think the recommendations look really good. My first concern is about there only being two categories BF or Formula Fed for the 1st month of life. We have some clients that formula feed and BF in the first month due to a premature baby or returning to work/school within the first month. If we told them we would not supply them with formula the first month they would say they are not breastfeeding. I think the BF Initiation rate will drop for the State.

The second comment is to allow parents to choose whole milk for 2-5 year olds. Especially for those children that are overweight.

Thank You.

Donna Hawkins, WIC Coordinator  
Coordinated Youth and Human Services  
2016 Madison Avenue  
Granite City, IL 62040  
618-877-3433

LA-1105

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From: WebMaster@fns.usda.gov  
Sent: Monday, October 16, 2006 9:04 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Danielle M.Dixon, R.D.  
EMAIL: ddixon@co.gloucester.nj.us  
CITY: Turnersville  
STATE: NJ  
ORGANIZATION: Gloucester County WIC program, Gloucester County Health Dept  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 16, 2006  
Time: 09:03:37 AM

COMMENTS:

After working with WIC for almost 10 years, I am in agreement with most that it's time for a change. I'm glad to see changes such as the addition of fruits and vegetables, soy milk, jarred f/veg/meat, canned beans, whole grain cereals, and whole wheat bread options. As far as the details for these foods, I feel soy milk should be offered to those who want it, not only by prescription, and % fat of milk should be left to the discretion of the dietitian, not an age based transition of 2% or less after age 2 - that's not always appropriate. I am also interested to see how the formula issues will work out. I have concern that if we lock mom's into no formula for the first month (if they are breastfeeding) we'll lose them as Breastfeeders or clients all together. I also don't see the need to increase and decrease formula amt - especially in the middle as formula needs are increasing, along with solid food intake. The ADA manual of clinical dietetics recommends cereal at 4 mo to compensate diminishing Fe stores, so perhaps we should consider keeping cereal on the checks at 4 mo and not withholding that until 6mo with the other solids. I also am in support of a yogurt option for the dairy foods offered. And possibly canned chicken vs. only seafood options for our ex breastfeeding moms. Thank you to the many people that have put countless hours into trying to meet the varying needs of a very diverse culture across the United States. I look forward to the implementation of the new food list.

LA-1106

From: WebMaster@fns.usda.gov  
Sent: Monday, October 16, 2006 9:28 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Mary Magers, RN  
EMAIL: msm1054@hotmail.com  
CITY: Bellaire  
STATE: Ohio  
ORGANIZATION: Belmont County WIC Program  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 16, 2006  
Time: 09:28:17 AM

COMMENTS:

I am concerned with the proposal to eliminate any use of formula with Partial Breastfeeding women participants. Very often a women will chose to breastfeed IF she knows she can receive some formula too. We encourage exclusive breastfeeding in the first month, however, this is not always feasible in all situations. If the mom realizes WIC will not provide ANY formula the first month I know this will impact her decision to breastfeed and therefore we will have more moms who chose not to breastfeed at all. The option should be between the WIC mom and the Health Professionals who deal directly with these clients. Please consider changing this proposal. Thank you for your attention to this matter.

LA-1107

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From: Judy Wischkaemper [JWischkaemper@stph.org]  
Sent: Monday, October 16, 2006 10:19 AM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

We are a contracted WIC site in Covington, Louisiana, issuing over 2200 vouchers per month and still growing.

My entire staff is in full support of the proposed changes that would revise regulations governing the WIC food packages to align the WIC food packages with the 2005 Dietary Guidelines for Americans and current infant feeding practice guidelines of the American Academy of Pediatrics, 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.

Judy Wischkaemper, RN, BSN  
Director  
STPH Community Wellness Center

(985) 871-6030 (main line)  
(985) 871-6036 (direct line)  
(985) 871-6035 (fax)

LA-1108

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From: Reba Brannan [rbrannan2001@yahoo.com]  
Sent: Monday, October 16, 2006 12:17 PM  
To: WICHQ-SFPD  
Subject: Docket ID-0584-AD77, WIC Food Packages Rule

I would like to voice my support for the WIC Food Packages Rule change. I believe that adding fruits, vegetables and whole grains to the diets of our clients will be a very positive change. As a 16 year WIC provider I know that many of my clients will not buy these items without our assistance and this will be a major help to making the dietary changes we recommend. The addition of soy beverages as an option instead of cow's milk will also be a welcome change as we have many request it due to dietary needs or religious reasons.

I will be excited to see these changes take effect as soon as is possible.

Reba Brannan  
609 Olde Towne Ln  
Alabaster, AL 35007

LA-1109

From: Lorraine Matthews [lorraine.matthews@ncmail.net]  
Sent: Monday, October 16, 2006 12:55 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

(Note: I have seen different deadline dates for comments, so I am taking a chance and sending my comments today. I hope they are not too late.)

I am the WIC Program Director in Columbus County, North Carolina. We currently provide service to approximately 2200 clients monthly with an approximately equal distribution among Caucasian, African-American and Hispanic recipients with a small number of Native Americans and Asians (less than 1%). However, prior to working here I worked for over three decades in public health in Philadelphia County, PA. There, our clientele was, and remains, very diverse with a significant Asian population from a number of different Asian countries, a growing African population, as well as the traditional residents of Philadelphia. (When I left, we were translating materials into 13 languages.)

Overall, we applaud the proposed changes in the food packages. I will not belabor all the benefits of the changes as I know you have received many positive comments on the proposals and the benefits. I understand the rationale behind the changes that were made and some of the modifications that FNS has to make in the IOM's recommendations. I appreciate that states are being given some latitude to adjust the food packages to meet the needs of the different cultures represented among the clients. Therein lies my only concern.

While I read that states will have the opportunity to make some modification, I did not read that they will be required to do so based on their populations groups. The reality is that some State WIC offices are more proactive than others. I currently live in North Carolina where the State WIC program is constantly training, planning and helping the counties with their activities. This was not the case in Pennsylvania. I am especially concerned about the needs of a large population center (such as Philadelphia or Pittsburgh) in an otherwise rural state. My experience in testifying in front of PA's State WIC staff on the needs of our diverse populations in Philadelphia was that they looked at me as though I was trying to speak to them in

Laotian or Hmong. I hope that you will "push" the states to actively look at the cultural diversity of their clients and creatively work to meet their needs. The counties can help.

Thank you for all your hard work.

Respectfully,

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Lorraine Matthews, MS, RD, LDN  
Director, Nutrition Programs  
Columbus County Health Department  
304 Jefferson Street  
Whiteville, NC 28472  
910-640-6615 ext. 247

LA-1110

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From: WebMaster@fns.usda.gov  
Sent: Monday, October 16, 2006 2:15 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Judith Harden  
EMAIL: judy.harden@ttuhsc.edu  
CITY: Midland  
STATE: TX  
ORGANIZATION: Texas Tech University Health Sciences Center of the Permian Basin  
WIC Program  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 16, 2006  
Time: 02:15:04 PM

COMMENTS:

I wholeheartedly support all the proposed changes to the WIC food package. Thanks

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LA-1111

From: Lisa Murphy [lmurphy@greencountywi.org]  
Sent: Monday, October 16, 2006 2:25 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584AD77 WIC Food Pkg Rule

One comment I would like to make as a WIC Director in Wisconsin is that there should not be such restrictions in the type of milk allowed as I see in the proposed packages. There could be recommendations, but not exceptions only with medical documentation. This allows for no professional discretion. One example of this is that mine is a farming community and many are used to drinking whole milk. While I discuss lower fat milk choices, a change is not always done immediately and in some cases not necessary. On the other end, it should not be absolute that every child age 1 - 1.9 yrs can only get whole milk. It would be best to allow for individual choice, not make it a forced issue. There would be other factors to consider when designing an individual food package.  
Thank you.

Lisa Murphy, RD, CD, MPH  
WIC Project Director  
Green County Health Department  
N3150 Hwy 81  
Monroe, WI 53566  
(608) 328-9505  
lmurphy@greencountywi.org

LA-1112

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From: EILEEN SHOUP [eshoup@dhh.la.gov]  
Sent: Monday, October 16, 2006 4:08 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77 WIC Fod Package Rule

I am a nurse manager with the Louisiana WIC program in Shreveport, La. I work in local WIC clinics about 3 days a week. I would like to see Soy Milk (light and regular) added along with soy cheese. Many clients need fruit for their families, especially apples and bananas and raisins. High iron vegetables would also benefit the clients: greens, spinach, broccoli, green beans and peas. I personally recommend yogurt to many of the pregnant clients for female hygiene and it would also be used. Thanks.

LA-1113

Citrus PunchFrom: Ford, Betty J. [BettyF@health.ok.gov]  
Sent: Thursday, October 19, 2006 2:05 PM  
To: WICHQ-WEB

I VOTE FOR THE "WIC TIME FOR A CHANGE" FOOD PACKAGE. ANYTHING  
THING THAT WILL HELP THESE MOMS, INFANTS AND CHILDREN BECOME  
HEALTHIER IS WHAT I WISH & PRAY FOR. PLEASE IMPLEMENT THE NEW  
FOOD PACKAGE.

THANKS FOR YOUR TIME & HELP.  
BETTY JEAN FORD  
Grady County Health Department  
2116 IOWA AVENUE  
CHICKASHA, OK 73018

LA-1114

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NAME: Amanda Riser  
EMAIL: Sammie269@hotmail.com  
CITY: Bellaire  
STATE: Ohio  
ORGANIZATION: Belmont County WIC  
CATEGORY: WIC Local Agency  
OtherCategory:  
Date: October 20, 2006  
Time: 11:52:08 AM

COMMENTS:

I like the changes regarding the addition of fruits and vegetables to all participant packages, but I am worried about the rule that states that a newborn and their breastfeeding mom cannot get formula for the first month after certification. Very often, a mother will choose to breastfeed if she knows that she can get at least some formula, in case the breastfeeding does not go well. If mom's learn that we will not provide them with any formula, even though it is just a month, they will be more likely to choose not to breastfeed at all. The amount of formula that the nursing mother and her baby require should be decided between the participant and the WIC health professional.

LA-1116

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 12, 2006 3:02 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Elizabeth Custis, RNC  
EMAIL: elizac@co.mason.wa.us  
CITY: Shelton  
STATE: WA  
ORGANIZATION: Mason County Health Department  
CATEGORY: WIC Local Agency  
OtherCategory:  
Date: October 12, 2006  
Time: 03:01:44 PM

COMMENTS:

I am thrilled to see the positive changes for WIC recipients. Many of the mothers and children I see during home visits do not have many options for purchasing fruits or vegetables due to limited income. Having fresh fruit/vegetables on their WIC vouchers will encourage them to eat healthier. I would be very happy to see less juice and instead include other baby foods. Some of my Spanish speaking clients don't eat breakfast cereal so it would be wonderful to have some other options for that. Could there be another option to tuna, ie canned chicken? Many of my clients worry about the mercury in tuna. Thank you for considering these wonderful updates to the WIC program.

LA-1117

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From: Eggleston, Barbara [beggleson@co.boulder.co.us]  
Sent: Tuesday, October 17, 2006 1:18 PM  
To: WICHQ-SFPD

Feedback for proposed WIC food package changes.

I'm thrilled with this long overdue proposed changes to the WIC food package. I truly support these changes and am excited about the addition of fruits and vegetables, tofu, canned or dried legumes and whole grain options. The one point that I didn't she mentioned in the revised changes is letting participants choose juices with added calcium at the stores since it is no longer a more expensive option. I'm excited that it is proposed to drop issuing juice to infant which is the most needed change of any to the current food package.

Thank you,

Barb Eggleston RD  
WIC Nutritionist  
Boulder County Public Health  
303-441-1555 x93005

LA-1118

From: Anne Hemme [ahemme@co.montrose.co.us]  
Sent: Thursday, October 12, 2006 4:36 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

I would like to see whole milk remain as a option for children ages 2 to 5 who are underweight and can use this form of milk to boost calories in their diet by drinking this type of milk and having their parent cook with it as well. THANKS!

Ann B. Hemme, RNC, High Risk Counselor, Montrose County Public Health, Nucla,  
Colo. 81424

LA-1119

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From: WebMaster@fns.usda.gov  
Sent: Thursday, October 12, 2006 6:01 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Michelle Porteous  
EMAIL: mporteous@co.riverside.ca.us  
CITY: Riverside  
STATE: CA  
ORGANIZATION: Riverside County Health Department  
CATEGORY: Other  
OtherCategory: Health Department  
Date: October 12, 2006  
Time: 06:00:54 PM

COMMENTS:

Please include fresh fruits and vegetables on WIC food coupons

LA-1120

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 12, 2006 3:20 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Perveen Ali  
EMAIL: sali123@sbcglobal.net  
CITY: Corona  
STATE: CA  
ORGANIZATION: Riverside County Department of Public Health WIC Program -  
California  
CATEGORY: WICSStaff  
OtherCategory:  
Date: October 12, 2006  
Time: 03:20:25 PM

COMMENTS:

I am a Registered Dietitian working for WIC for the past 20 years and I strongly feel that the Proposed Rule will enhance and reinforce WIC Nutrition Education as well as accomodate the cultural needs and preference of the growing California's diverse WIC population. This is the era for a change in the 32 year old food package. The proposed changes are consistent with the 2005 Dietary Guidelines for Americans and the current infant feeding practice guidelines of AAP. Theses changes reduces the saturated fat content and increases whole grains and adds fruits and vegetables. These changes will promote and support long term breastfeeding a key step in obesity prevention and also have a positive impact on the health of mothers and babies. We the WIC Community urge a speedy implementation of this proposal. Thank you for your consideration.

LA-1121

From: WebMaster@fns.usda.gov  
Sent: Monday, October 16, 2006 1:08 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Sarah Renaldi, MS, RD  
EMAIL: sarahrenaldi@yahoo.com  
CITY: Etiwanda  
STATE: California  
ORGANIZATION: Riverside County Department of Public Health  
CATEGORY: Other  
OtherCategory: California Nutrition Network  
Date: October 16, 2006  
Time: 01:08:19 PM

COMMENTS:

Congratulations! I think that the proposed changes to the WIC food package is a giant step in the right direction! It is hard to communicate to parents the importance of limiting fruit juice to 4-6 oz per day when we are overloading them with free juice from the WIC program...a definite contradiction! Also, the added variety, the addition of fresh fruits and vegetables is wonderful! It is my sincere wish that these proposed changes go through as planned. This will be a great benefit to our clients and their children! Thank you!

LA-1122

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 12:11 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Chris Mulford  
EMAIL: chrismulfo@comcast.net  
CITY: Turnersville  
STATE: NJ  
ORGANIZATION: regional consortium WIC Breastfeeding Initiative  
CATEGORY:  
OtherCategory: Breastfeeding Services Provider to WIC  
Date: November 06, 2006  
Time: 12:10:57 AM

COMMENTS:

I am enthusiastic about most of the proposed changes. Adding fruits and vegetables, soy products, and whole grains, offering more forms of beans and more types of fish, decreasing formula amounts, stopping juice for infants, and waiting until 6 months to start infant cereal—all these changes are in line with good nutrition.

I work as a WIC breastfeeding program manager in an area where only 20-30% of our postpartum mothers participate as breastfeeding. I believe that the infant food packages in the early months send parents the wrong message. There is a fundamental inequity between the food packages for the breastfed baby and the formula fed baby. The proposed change does not allay my concern.

The IOM has expressed their concern over the short duration of breastfeeding in WIC families. A major reason for short duration is supplementation during the first six weeks, the critical physiological period when the mother's milk production level is being set according to the need that her baby communicates to her breasts by the frequency of suckling and the degree of breast emptying.

WIC is a supplemental program. It is not intended to be the primary source of food. Yet with both the current package and the proposed package, the fully formula-fed baby in the early months can live entirely on food from WIC. This sends the wrong message to families, who easily draw the conclusion that it is WIC's job to provide the formula to feed their baby.

Meanwhile, the fully breastfed baby gets no food package. This lucky baby does not need WIC formula because his or her mother is using the milk that Nature sends to her house

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along with her baby. This family gets the message that it is their job to provide milk for their baby, with WIC there to assist. However, a family that is struggling to raise their children in poverty can easily opt for the food package that looks bigger and better...the full formula package.

My suggestion is to let WIC truly be a supplemental program for all of its clients, formula-fed babies included. Provide a supplemental amount of formula for non-breastfed infants in the first six or eight weeks, in the neighborhood of 500 ounces a month, which is about a pint a day. Offer the partially breastfeeding mother a package up to half that size, about 8 ounces a day, if she feels she needs a back-up supply "just in case." This limit would keep supplementation to a minimum for breastfeeding mothers and their babies. They would be less likely to become so dependent on the bottle that breastfeeding slips out of their grasp.

Meanwhile, the fully formula feeding mother would have to get a part of her baby's daily food from a non-WIC source, just as she does for her own food and her other children's food.

By six or eight weeks, most of our WIC mothers are back at work, school, or both. At that point it makes sense to offer the breastfeeding mother a more generous supplementary package. She may need more than the daily limit (about 8 ounces of formula) to feed her baby once she is back at work. Breast pumps should be freely available both for the fully breastfeeding mother and the partially breastfeeding mother.

email to wichq-sfpd 11-06-06 from Lisa Wiseley [LisaW@ELRIO.ORG]

November 6, 2006

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

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

Dear Ms. Daniels:

The El Rio Health Center WIC Program in Tucson, Arizona strongly and enthusiastically supports the USDA proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. Overall, we believe these proposed changes will significantly help us provide better nutrition and education to the 2000 clients we serve each month. We extend our appreciation to the USDA Food and Nutrition Services for bringing the WIC Food Package closer to the 2005 Dietary Guidelines and the Academy of Pediatrics current feeding practice guidelines. We support many of the proposed changes, but have a few concerns regarding the recommendations.

1. The exclusive use of low fat milk: We agree that 1% fat milk or skim milk should be the preferred choice for most Americans, since lower fat milks have less saturated fat and cholesterol; but feel that there are WIC participants who will benefit from the use of higher fat milks. WIC participants include underweight women and children, pregnant women failing to gain weight and normal weight participants for whom lower fat milk is unacceptable. The higher fat whole milk should only be issued at the discretion of the nutritionist. Additionally, we find some underweight participants who prefer whole milk to more expensive nutritional supplements.
2. The inclusion of soy beverages and tofu to the food package: We support this change since it will provide greater variety and provide cultural option for many participants. We also support the National WIC Association (NWA) recommendation to allow protein and potassium levels in soy beverages at 6.25 grams and 250 milligrams respectively. Increasing the protein and potassium recommendation above current market availability may make it harder for venders to find suitable products, and thus making it more difficult for the participant to find.
3. The addition of whole grains to the food package: We support this recommendation since these products will provide fiber and micronutrients, and afford more choices to

the participants. Whole grains are associated with the reduction of coronary heart disease, Type 2 diabetes, some cancers and healthy weight status.

4. The decrease of fruit juice and the addition of fruits and vegetables to the food package: We are in agreement with these proposed changes. These recommendations will allow a wider variety of food choices for the participants, keeping with current recommendations to decrease juice consumptions. The addition of fruits and vegetables to the infant's food package will help promote the appropriate introduction of solid foods. We are also in agreement with NWA and the Arizona Department of Health Services (ADHS) recommendation to authorize the existing Farmers' Market Nutrition Program to accept WIC fruit and vegetable vouchers, thus offering WIC participants a greater variety of locally grown produce.
5. The recommendation for infants with a qualifying medical condition to be reassigned to Food Package III, and the inclusion of ready to feed formula for these infants: We support this recommendation, since it would provide high risk and fragile infants greater options, and allow the selection of infant or breakfast cereal for any participant receiving Food Package III.
6. The revised proposal for breastfeeding infants/mother pair to provide stronger incentives for breastfeeding: We strongly agree that breastfeeding is the preferred method of infant feeding; but acknowledge that some women may need incentives in order to continue breastfeeding. WIC participants who are first time breastfeeding women often question their ability to produce sufficient breast milk for their infant, and we are concerned that they may opt not to breastfeed in order to receive formula through the WIC Program. We believe that a reduced amount of formula should be available to partially breastfed infants from birth throughout twelve months. One to two cans of formula is probably adequate for the first few months of life, but older infants should be allowed five to six cans since they need more total calories. Our recommendation would limit the amount of formula provided without being too restrictive. Others in our state support a full formula package for partially breastfed infants, but we do not agree with this recommendation. Women will make appropriate choices to breastfeed or not when fully informed of their options. Incentives with breast pad and pumps help them to continue to breastfeed. Additional formula is not an incentive to continue to breastfeed. WIC is a supplemental program, and limiting partially nursing infant's food package allows the mother to choose to continue breastfeeding and receive additional food for her or to limit her food options in order to receive a full formula package. It may discourage some to breastfeed, but that is the woman's choice. Also, self reports of breastfeeding once a day may not be the best definition of who is a breastfeeding woman.

We also agree with NWA recommendations of an additional \$2 to fruit and vegetable vouchers for all breastfeeding women will help promote continuation of breastfeeding in a cost neutral manner. Again, this is a positive incentive for women who choose to breastfeed over the loss of additional formula.

Finally we agree with NWA's recommendations to implement the proposed rule for the fully breastfeeding, partially breastfeeding and fully formula feeding packages concurrently without a pilot phase.

7. We agree with both NWA and ADHS recommendations to round up the number of cans in infant full formula food packages. We need simple and efficient methods to provide appropriate services. The WIC participants may be confused as to why the number of cans changes compared to other months and other clients. We strongly feel this may be viewed as discriminatory.
8. We agree with NWA opposition to the removal of the State option to categorically tailor propose food substitutions. In recent years alone, there have been changes in can sizes, labels, names in which ADHS had to quickly alter the food package. It is essential that the States be allowed the flexibility to revise lists to keep pace.

Finally, we would like to commend USDA for updating and proposing rule changes in the WIC Food Package. This is an important step in improving the overall nutritional health and well-being of WIC mothers and children. It also will provide greater nutritional options and more culturally sensitive foods for our participants. We look forward to the publication of the rule changes by spring of 2007 in order to assure timely implementation.

Sincerely,

Josefa Renteria, M.Ph., R.D.  
Nutrition Manager

Elizabeth A. Wiseley, M.S., R.D., C.D.E.  
Nutritionist

Margaret Zepeda  
Nutrition Assistant

Martina Hernandez  
Nutrition Aide

Maria R. Leon  
Nutrition Aide

Frances Marroquin  
Nutrition Aide

Graciela Almeraz  
Nutrition Aide

Bertha Gaitan  
Office Assistant

LA-1135

email to wichq-sfpd 11-06-06 from Farmer, Jean [YTHC] [jfarmer@yel.portland.ihs.gov]

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

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

Dear Ms. Daniels:

I am writing to let you know that the WIC Program at Yellowhawk Tribal Health Center does support the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. The health and well being of our women, infants and children is a key priority for the tribes that live in our community as well as those nationwide.

We think that it is important for nutrition programs to present a united front in encouraging young families to eat nutritiously. Thus we are pleased that the proposed rule closely reflects the recommendations of the Institute of Medicine and is consistent with the 2005 Dietary Guidelines for Americans.

In particular, we support:

- 1 Adding fruits and vegetables to the food packages of women, infants and children and reducing the amount of fruit juice offered.
- 2 Reducing the amount of milk to pregnant, partially breastfeeding and postpartum women.
- 3 Allowing canned beans as a substitution for dried beans. Also giving pregnant woman and partially breastfeeding women beans and peanut butter.
- 4 The addition of canned salmon and sardines. Our population eats a lot of fish and salmon is part of their culture.
- 5 Including whole grain bread and whole grain options. Variety really adds to the value of the WIC package.

However, working daily with women who utilize the WIC foods for their families we offer the following concerns and recommendations on the WIC Food Packages.

- 1 For milk for the children 2-4.9 years old the recommendation that only 2%, 1% and nonfat be offered, we believe that the use of whole milk be allowed at the recommendation of the Registered Dietitian or Nutritionist on staff. We have our

share of overweight children but we also have some children who need extra calories that can be provided by whole milk.

- 2 We are concerned about the omission of cheese. We understand the reasoning behind it but think is an invaluable food especially for Native Americans who are lactose intolerant. The addition of soymilk and tofu is greatly appreciated but many of our clients do not care for soy products. Our recommendation is to offer perhaps only 1# of cheese on the children's packages and then allow the milk substitution as outlined in your recommendations. Another possibility would be to offer up to 2 # of cheese for children, pregnant, partially breastfeeding and postpartum women.
- 3 We agree that whole grain products are best for all individuals but I think that like those who do not depend on WIC for food, they should have a choice. A variety of cereals should be offered including grains from rice and corn and wheat. You must get food into children in order for it to nourish them.
- 4 The infant food of fruit, vegetables and meat are a concern. The fully breastfed infant will be receiving 256 of infant food in contrast to the fully formula fed infant. I understand the reasoning behind trying to enhance the value of the breastfed package but by the time an infant is 9 months old, the infant is using a wide variety of foods and would not require that much "baby food". The ideal package would be to allow the extra foods from 6-8 months and reduce the amount from 9-11.9 months.
- 5 The change I am most concerned with is the one involving formula. It is undeniable that a great % of woman initiate breastfeeding but do not continue but the rule for no formula for the 1<sup>st</sup> month of breastfeeding is not the answer. Many women are advised by their physician to supplement and they do so because of their concern for their infant. The fact is moms have difficulties during those 1<sup>st</sup> weeks (sore nipples, low supply, babies that won't latch, failure to thrive) and need formula and the majority of our clients do not have money to purchase that formula. This means they must go full formula or else. Thus instead of minimizing formula usage we will be giving the struggling mom more than she needs. What we need is more trained lactation consultants and a better way to reach out to these new mothers. Life is not black or white and we need to utilize our professionals to assess the situation and make the right decision for each mom. I believe that this will cause more moms to go to formula and it will not deter them.
- 6 Reducing the amount of formula for infants 6-8months old. Infants are just beginning solid foods at this age and are taking more formula. We have found that between 6-8 months is often when infants are taking the most formula. As they become accustomed to eating a wider variety of foods the amount of formula decreases. We have mothers who continually ask for additional formula because they are out and they have no money to purchase formula. They often depend on cow's milk during these times. This is especially true for the infant who is on a special medical formula. Families are just not able to purchase the high priced medical formulas. WIC needs to care for these medically comprised infants.

I would like to thank you for giving local agencies the opportunity to comment on the new rules.

Sincerely,

Jean Farmer, R.D.

LA-1136

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From: Linda Rippetoe [lrippetoe@ldchd.lawrence.ks.us]  
Sent: Thursday, November 02, 2006 4:38 PM  
To: WICHQ-SFPD  
Subject: WIC Food Packages Rule

Our clients are looking forward to the new food package with fruits and vegetables! We receive questions routinely of when this will start. The elimination of juice for infants and a decrease for children is a welcomed change by staff. I do hope our number of breastfeeding mothers will increase with the elimination of formula for the first month. It is a concern that this will not happen. Another positive change is adding the protein source (beans and peanut butter) for post partum women is a benefit, especially for clients who have had surgery. Adding other canned fish to the enhanced package will be a benefit also. We must also remember that the program is supplemental, it is not meant to provide all of the client's nutritional needs.

Linda Rippetoe, RD,LD  
Lawrence-Douglas County

Linda Rippetoe, RD LD  
785-843-0721  
Lawrence-Douglas County Health Dept

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(785-843-0721)

Docket ID Number 0584-AD77, WIC Food Packages Rule  
From: Stoll, Katey  
[kstoll@co.linn.or.us]  
Sent: Monday, November 06, 2006 8:04 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

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

November 6, 2006

Dear Ms. Daniels:

WIC of Linn County Oregon strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

We strongly support the addition of whole grain options as well as fruits and vegetable allowances. As well as implementing more diverse and culturally appropriate foods like rice, soy and tortillas.

In addition to what we support about the proposal, we also have significant concerns.

- We do not support not allowing infant formula for mothers in the first month who have chosen to attempt exclusively breastfeeding. We feel that mothers who are uncertain whether or not to breastfeed may choose to take the infant formula option in fear that if breastfeeding was unsuccessful then they would not have any infant feeding support.

- o We believe that small amounts of infant formula in the first month actually can be supportive for breastfeeding mothers who are not expressing enough Breastmilk.

- We would like for States to have flexibility in regards to baby jar food, in that food packages for infants 6-11 months of age could have the option to exchange the jar baby food allowance for fruits and vegetables (preferably fresh or frozen).

- We also feel that excluding white rice or flour tortillas is not being culturally sensitive to primarily the Hispanic and Asian populations. Although these items do not contain as much nutrition as the proposed brown rice and fat-free wheat tortillas, they are more traditional foods within not only the listed populations but others as well.

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Lastly, we feel that decreasing the amount of cheese may actually decrease calcium intake for children who may not tolerate plain milk but have no problems digesting cheese.

We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

Katey Stoll, MA, RD  
WIC Coordinator  
Public Health Programs  
Linn County Department of Health Services  
541-967-3888 x2594  
kstoll@co.linn.or.us

LA-1151

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10-30-06 email from Ann Twigg [Ann.Twiggs@odh.ohio.gov]

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:

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.

However, as a breastfeeding advocate and Breastfeeding Coordinator for the State of Ohio I have worked with local agencies and mothers who have experienced both the joys and trials of initiating breastfeeding. This experience has taught me the need to evaluate every breastfeeding mother and infant on an individual basis. Because of which the breastfeeding infant package brings up several issues that I wish to address.

In theory, the restrictions on formula supplements for breastfeeding babies during the first month of life while mom builds up her milk supply is a good idea.

However,

- Recommendations to **completely eliminate formula** for breastfed infants the first month may prove to do more harm than good to the promotion and initiation of breastfeeding. Without the requisite support systems in place, this could actually influence pregnant WIC participants (who studies show lack self – confidence) and their families to choose to fully formula feed, resulting in decreased breastfeeding initiation rates among WIC participants.
- The issue of discrimination could be raised if **only** breastfed infants are denied formula supplements for the first month. In fact, if no babies were given formula for the first month perhaps more mothers and families would try breastfeeding for that first month.
- Formula supplementation is one of the support tools that lactation consultants and physicians use when dealing with certain breastfeeding problems such as low milk supply, failure to thrive, decreased milk making capacity as the result of breast surgery, adoptive breastfeeding, etc. Without the ability to provide small amounts of supplemental formula as prescribed by lactation specialists during the first month, mother's may feel their only choice is to choose the full formula package and WIC will have to recertify the baby as fully-formula feeding.
- There are only fifty designated Baby Friendly hospitals in the United States. Because of which, the majority of hospitals start formula feeding within the first few hours of a baby's life. Small amounts of formula supplementation may be needed to wean moms off the formula started in the hospital.
- The IOM report states that if formula were not offered to breastfeeding infants "...peer counseling, consultation with a lactation specialist, breast pumps, or other support for breastfeeding would need to be READILY (capitalization mine) available." While USDA wants breastfeeding peer counseling as a core WIC service, funding for hiring peers in all WIC clinics has not been forthcoming. Consultation with a qualified lactation specialist is not available to all WIC participants. Not all states provide breast pumps. Support systems must be in place before we can deny formula during the most crucial time period where milk supply is being established. Even then, as stated above, formula may be needed as a tool to return mother to full breastfeeding.
- Premature infants whose mother's pump breastmilk and add to it additional fortification of premature formula will also be affected. Families will be forced to pay out of pocket for more expensive formulas in order to follow their doctor's recommendations to provide adequate nutrition for their premature infant's higher needs.

I recommend that States or local agencies be given the responsibility for adjusting formula supplementation based on the strength of local support systems. At the least I support the IOM recommendation allowing fully breastfed infants to receive up to one can (15 oz) of powdered formula during the first month under special conditions as determined by a health professional or lactation specialist. These can be defined and monitored by the state WIC office.

Finally, I have two more suggestions that will anchor WIC's support for breastfeeding:

- 1) There should be a WIC food package consisting of banked human milk. It is long past time that USDA recognized that banked human milk is superior to formula, safe and the only infant food that some highly allergic babies can thrive on.
- 2) There should be the option of an infant food package consisting of a single-user breast pump or funds for renting a hospital-grade pump. Not all states have leftover food dollars to use to provide pumps and not all states with such funds choose to purchase pumps with them. Establishing a breast pump food package would mandate the required funding so that all WIC projects have the ability to provide pumps to breastfeeding infants just as they have the ability provide formula to formula feeding infants.

Thank you for this opportunity to share my support for the healthy WIC food packages and my recommendations to make the first month breastfeeding infant food package more supportive of breastfeeding.

Sincerely,

Ann Twiggs, RD, LD, IBCLC  
1003 Bryden Road  
Columbus, OH 43205  
(614) 252-2839

LA-1154

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From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 7:55 AM  
To: WICHQ-SFPD

Subject: Revisions to WIC Food Packages-Proposed Rule

NAME: Marlene Culpepper MS RD  
EMAIL: Marlene.Culpepper@vdh.virginia.gov  
CITY: Ashland  
STATE: va  
ORGANIZATION: Chichahominy Health District  
CATEGORY: WICLocalAgency  
Other Category:  
Date: November 06, 2006  
Time: 07:55:25 AM

COMMENTS:

Milk changes ok for all categories

Milk substitution – why is a prescription needed for soy and tofu? These are not medicine, but a cultural food preference.

Cheese ok for all categories

Eggs – ok for all categories

Beans, Peas and Peanut Butter – ok for all categories Canned beans – recommend beans without added fat Fish – ok Cereals bread and whole grain – ok Fruits and Vegetables – recommend a \$10 voucher for exclusively breastfeeding women Juice – ok – proposed changes, would even support no juice at all on the program Infant Food – recommend no fruits, vegg, or meats as this is costly and we recommend in our WIC clinics that participants make their own infant food, by mashing, chopping regular table foods for the rest of the family.

Formula – support no formula in first month to encourage successful breastfeeding.

Thank you for the opportunity to respond.

From: Esther Gillett [esgillett@wideopenwest.com]  
Sent: Tuesday, October 17, 2006 8:41 PM  
To: WICHQ-SFPD  
Subject: DocketID NUmber 0584-AD77, WIC Food Package Rule

I believe that more needs to be done to promote breastfeeding. Breastfeeding moms need to be rewarded for breastfeeding with maximum food pkgs. We experience some program abuse where most of our breastfeeding moms request full formula pkgs yet still get breastfeeding status and enhanced pkgs for themselves. We should not consider full formula pkg moms as breastfeeding. I also don't think WIC should give ANY infant formula for the 1st mo(even to bottle fed infants). We need to send the message that all infants should be breastfed the first mo. regardless of "feeding preference" otherwise we will continue to experience the program abuse where even breastfeeding moms will say they are not breastfeeding and the will get formula. There is plenty of help for those moms who absolutely refuse to breastfeed. They will get free formula with food stamps, from the hospital, or the formula companies would just love to send them a free case. Let's not make it so easy for moms to bottle feed. Most of the time I'm ashamed to be working for a program that pushes bottlefeeding but I stay here to do all that I can to change that and eagerly await the future of WIC where we make the critical turn to actually support breastfeeding for the future generations to come.

Sincerely,

Tracy Saco RD  
CLC (Franklin County WIC Dietitian/Lactation Counselor-Ohio)

From: Kappler, Maureen [MKappler@co.cochise.az.us]  
Sent: Tuesday, October 17, 2006 1:19 PM  
To: WICHQ-SFPD  
Subject: [Docket No: RIN-0584-AD77];[FR Doc: 06-06627];[Page 44783-44855]; Child nutrition programs: Women, infants, and children; special supplemental nutrition program-- Food packages; revisions

It would be helpful to provide guidance in what kinds of treats could be given to children in place of candy and sugary cookies. Applesauce could be used for both children and baking replacement for some of the fat in baked goods. Raisins, dried fruits would be good things to include on vouchers. Xylitol sugar substitute would be good for both caries prevention (because of the effect Xylitol has on S. Mutans) and for weight control. We are in support of removal of fruit juices.

Maureen Kappler RNC  
President Arizona Healthy Mothers, Healthy Babies  
Program Coordinator  
Adolescent Maternal and Child Health  
1415 Melody Lane  
Bisbee, Arizona 85603  
520-432-9471

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LA-1159

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From: CherylK [CherylK@co.summit.co.us]  
Sent: Monday, November 06, 2006 10:18 AM  
To: WICHQ-SFPD  
Subject: WIC Proposed food package changes

My only concern is the proposed addition of jarred baby foods to the infant package. We have all seen the affect WIC has had on the cost of formula and I would hate to see us getting into a bidding war with the manufacturers. I also don't think the baby foods need to be offered after 9 months. The other changes I think are needed and long over due.  
Thank You,

Cheryl Kenady, RD, WIC Director, Summit County, Colorado.

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 19, 2006 4:56 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Lety Alivdrez  
EMAIL: letyalv\_2003@yahoo.com  
CITY: longmont  
STATE: co  
ORGANIZATION: WIC  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 19, 2006  
Time: 04:56:09 PM

COMMENTS:

I think this would be a very positive and useful change for the food package. It would really promote and support the nutrition education we give to each client that comes in.

**email 10-19-06 from Peggy Heman [pherman@geaugacountyhealth.org]**

October 18, 2006

Patricia Daniels  
Director, Supplemental Food Program  
FNS/ USDA

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

Dear Ms Daniels:

As Director of Geauga WIC/ Ohio ODH, I would like to comment on the proposed changes to the WIC food package.

I enthusiastically support addition of fruits and vegetables to the food package, and the reduction of juice, eggs and milk to offset the cost. I support the NWA recommendations under the section fruits and vegetables. **With regards to the Farmers Market Program, I would like to see authorized farmers at local farmers markets have the ability to accept cash-value food instruments for fresh fruits and vegetables.** The Farmers Market Nutrition Program (FMNP) has been very successful in our county, offering a wide variety of in season fruits and vegetables at very reasonable costs to our WIC participants. FMNP helps support the local small farmers in our county, and I believe the FMNP should continue to receive the support of the USDA and the WIC Program.

With regards to proposed changes in the infant formula/food packages, I have several concerns. **My biggest concern is with the fully formula fed infant package. I am concerned with proposed reductions to 624 oz /month for 6-12 month olds. This provides approximately 20 oz/day (calculation based on 30 days per month). This is less than AAP recommendations of 24 oz per day minimum. Even though this is a supplemental program, I believe WIC should provide a minimum of 24 oz/day to fully formula feed infants (at least over 3 months of age.)** If 28 cans of 13 oz concentrate were issued per month, that would provide 728 oz/ or 24 oz per day of formula (calc based on 30 days per month). That would provide a total of 8736 oz for the first year, which equals the exact amount in ounces under the USDA proposal. Unfortunately, powder formula doesn't divide so conveniently into 24 oz per month. With regards to powdered Similac (which is the approved formula for Ohio), I would like to see seven 12.9 oz pwd issued for four months ( $7 \times 95 \text{ Oz} = 665 \text{ oz}$  per month  $\times$  4 months = 2660 oz) plus eight 12.9 pwd issued for eight months ( $8 \times 95 = 760 \text{ oz}$  per month  $\times$  8 months = 6080 oz). This would total 8740 oz for the first year. The first two months and the last two months would be most appropriate for the seven cans/ 665 oz per month/ 22 oz per day (calc based on 30 day per month). The eight cans would provide 760 oz per

month/-25.3 oz-per day (calc-based on 30 days-per-month).—In addition, I support NWA recommendations under section Breastfeeding Women and Infants with regards to the additional \$2 vouchers for fruit and vegetables, implementation of infant/BF packages without pilot phase, and option to provide 1 can powdered formula to BF infant.

I am very enthused about the addition of **soy products** as alternatives to dairy either for medical or cultural/personal preference. I also support the NWA position that the medical documentation requirement be waived for children. I also support the recommendations regarding **whole grains** with one exception. I think single-grain corn and rice cereals should remain available without medical documentation. I personally believe I am wheat sensitive, but do not have a diagnosis of gluten-intolerance or wheat allergy. However, I notice a big improvement in my GI complaints when I avoid wheat. **Finally, I believe the health professional should determine if a child over 2 years of age should remain on whole milk. In cases where a toddler is underweight with a BMI less than 5%, whole milk may be appropriate as a calorie booster.**

In summary, the proposed revisions to the WIC food package are consistent with the 2005 Dietary Guidelines for Americans. WIC health professionals have been waiting for many of these proposed revisions to the food package for years. Many thanks to the IOM and the USDA for these carefully researched recommendations.

Sincerely,

Peggy Herman RD,LD  
pherman@geaugacountyhealth.org  
Geauga WIC Director

LA-1166

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Docket ID Number 0584-AD77, WIC Food Packages Rule  
From: Keber, Nancy P (LHD-Cumberland Valley Dist) [NancyP.Keber@ky.gov]  
Sent: Thursday, October 19, 2006 1:46 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

I'm pleased with the proposed changes especially limiting juice, providing produce, and requiring participants over age 2 to purchase lowfat milk.

Nancy Keber, WIC Nutr.  
Rockcastle Co. Health Dept.  
Mt. Vernon, KY 40456

From: Barbara Byers [bbyers@northeasternhealth.org]  
Sent: Thursday, October 19, 2006 6:35 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Pkgs Rule

Ms Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Services  
U.S. Department of Agriculture

Dear Ms Daniels:

I have worked for WIC for the past 26 years and I must say that the prospects of revising the WIC Food Packages to be more in line with the 2005 Dietary Guidelines for Americans is very exciting. It will help us as Nutritionists to guide families to develop healthy eating habits that will hopefully prevent obesity. To have fruits and vegetables available all year long will encourage families to increase usage. Whole grain products are also in line with healthy eating. Having soy available for those with milk intolerance will be a welcome addition to the food package. Also giving 2% milk after 2 years old, baby fruits and vegetables for infants and less formula for those that are partially breast fed seem to be good ideas. My only concern is that a mom may tell us that she is only formula feeding so that she would be able to get formula during the first month and then more in subsequent months.

I urge the USDA to conduct its analysis of the comments in a timely manner so that the California WIC can begin implementation in 2007. Our participants are also excited about being able to buy more healthy foods for their families. I believe that the changes will appeal to some participants who have left because they don't use the current foods in the quantities that we give them.

Thank you for allowing me the opportunity to provide comments.

Sincerely,

Barbara Byers, RD, CLC  
WIC Program Coordinator

Reply: bbyers@northeasternhealth.org

Barbara Byers, RD, CLC  
Northeastern Rural Health Clinics, Inc  
1850 Spring Ridge Drive  
Susanville, CA 96130

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(530) 257-7094 FAX (530) 251-1256

LA-1169

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From: Charity Hallmark [challmar@phd7.state.id.us]  
Sent: Friday, October 20, 2006 1:07 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages

To Whom It May Concern:

I am writing to exclaim my support for the proposed changes to the WIC food packages! As a Registered Dietitian working for WIC, I strongly support the inclusion of fruits and vegetables, increased variety of whole grains, lower mercury fish options, approved soy beverages, and lower fat milk as a requirement for WIC participants over the age of two years. Additionally, I applaud the removal of juice for infants and the decreased amount of milk and juice to comply with current recommendations.

Clients ask why they are not getting fruits and vegetables from WIC, even while we educate them to increase these foods in their diets. Additionally, we recommend limiting juice and yet offer them more than enough juice on their WIC vouchers. We encourage lower fat milk and yet offer them whole milk as an option. We encourage our clients to include a variety of low mercury fish in their diets and yet we offer breastfeeding mothers only tuna fish. The WIC vouchers have limited value for those who have cow's milk protein allergies. The inclusion of soy beverages and calcium set tofu will give these clients reasonable options. In the face of the childhood obesity epidemic, it is prudent to provide low fat milk options for children over two years old. Likewise, eliminating juice in infant food packages and limiting juice in child food packages may decrease the intake of this calorie dense food choice for those most at risk for childhood obesity.

It is essential to the integrity of the WIC program to provide nutritious foods that match our nutrition education. I expect these changes to have a significant impact on the health of the WIC population.

Sincerely,  
Charity Hallmark RD, LD  
District 7 Health Department, WIC  
Idaho Falls, ID 83402

LA-1170

From: Eddie Munizich [Eddie.Munizich@ventura.org]  
Sent: Thursday, October 19, 2006 8:34 PM  
To: WICHQ-SFPD  
Subject: In Support of WIC Food Package Revision Proposal

Docket ID Number 0584-AD77  
WIC Food Packages Rule

I am writing to support the proposal to revise the WIC food package, as well as the recommendations of the American Academy of Pediatrics to revise the WIC food package. I currently am a registered dietitian working for the Ventura County WIC Agency, in Ventura, California. I supervise two of our satellite sites, one in Ventura and the other in Santa Paula. We serve about 6,000 participants and their families. However, I feel these changes would impact everyone, at the very least, within Ventura County.

Thank you.

Eddie Munizich  
Ventura County WIC Agency

LA-1171

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 11:55 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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NAME: Cheryl Kirk R.D. L.D.  
EMAIL: ckirk@asante.org  
CITY: Grants Pass  
STATE: Oregon  
ORGANIZATION: Community Hospital / consulting nutritionist at local WIC program  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 11:55:24 AM

COMMENTS:

I worked at WIC in the 1980's when I was attending college, and it is good to see food package changes at last. Currently I am consulting nutritionist at local WIC office (on contract 8 hrs/wk to see high risk clients). I am in favor of most of the proposed food package changes but do have a few areas of concern. 1) on infant food package, I am in favor of eliminating juice and adding infant food (ie baby food), however I do not believe commercial baby food is appropriate for most babies all the way up to age one. Finger foods and introducing "age-appropriate table foods" should be encouraged for most babies after 8 months. I believe that encouraging and providing commercial baby food up to age 1 sends the message that this is the preferred method of feeding and older infant. Of course, some babies may need commercial baby food but the majority should be moving on to more developmentally appropriate feeding using finger foods (soft whole fruit, tender cooked vegetables, beans, soft meats). Supplying a parent with commercial baby food up to age 1 may end up in a similar situation to the current over consumption/supply of juice by children(s) and the WIC program. Spoon feeding does not establish developmental hunger-satiety cues or independent feeding skills which can prevent obesity and over feeding in infants and children. Providing commercial baby food between 6-8 months then offering vouchers for fresh fruits and vegetables and education on transition to "finger foods" would be a better option.

2) Bravo on making whole grain foods and vouchers for fruits and vegetable part of child and woman's package!

3) Milk fat guidelines are good (ie whole only for 1-2 year olds, otherwise 2% and down, I sure there may occasionally be exceptions for those would need higher fat content)

4) Milk substitutions guidelines are not clear to me -when is medical documentation required? (? women no documentation for soy milk but need for soy cheese or tofu? Kids need documentation for all soy?). No yogurt?? Seems yogurt would be a more cost effective alternative to fluid milk for those with mild lactose intolerance (vs soy cheese products). Again the food package should be consistent w/ good principals of nutrition education and for many w/ lactose intolerance, yogurt is a very good choice, readily available and can be highly nutritious.

Thank You for the opportunity to make comments and lets get the changes made so we can assist/model and educate WIC families to make better nutritional choices.

Cheryl Kirk RD,LD