

PI-185

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 10:09 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

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CATEGORY: PublicInterest-AdvocacyGroup  
OtherCategory:  
Date: November 06, 2006  
Time: 10:08:32 PM

COMMENTS:

I am writing to offer the support of FoodChange for the proposed rule changes to the WIC program which would result in changing the food package to allow for the purchase of more fruits and vegetables. FoodChange is a nonprofit that strives to improve lives of low-income New Yorkers through nutrition, education, and financial empowerment. Since the WIC food package has last been modified in 1980, we have experienced tremendous increases in the rates of diet-related diseases, and have witnessed the epidemics of obesity and diabetes, particularly among children. 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 for life long health.

In general, FoodChange supports changes to the food package because they will:

- Improve the health and nutritional quality of the foods offered
- Expand cultural food options
- Incorporate whole grains and more fruits and vegetables while reducing juice
- Provide more variety
- Bring the choices in line with the current Dietary Guidelines for Americans and the current infant feeding practice guidelines of the American Academy of Pediatrics.

FoodChange offers specific recommendations in two areas &#9472; the food package and the WIC Farmers Market Nutrition Program (FMNP).

With regard to the food package itself, FoodChange commends 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.

To ensure that WIC participants can get the full value from the healthy new WIC food packages, I encourage the following recommendations to strengthen the proposed rule be considered:

Recommendations Addressing the Food Package

- Increase the fruit and vegetable benefit by \$2 to fully meet the recommendations of the Institute of Medicine for women and children in WIC

- Require small vendors to provide more than just two varieties each of fruits and vegetables. Each vendor should be required to carry a wide selection of fruits and vegetables. The addition of fruits and vegetables to the WIC Food Packages has the potential to increase participants' access to fruits and vegetables
- Allow WIC participants to choose the kinds of fruits and vegetables they want
- Require that all milk in the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII) be low fat (1%) or fat-free (skim)
- Remove the requirement for children to have a prescription to obtain soymilk from WIC
- Establish an alternative minimum nutrient standard for soy beverages. Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. USDA should follow FDA's and industry's standards for protein (6.25 grams per 8 ounce serving) and potassium (250 milligrams per serving) for calcium-fortified soy beverages. Since protein is no longer a priority nutrient for WIC and the addition of fruits and vegetables contribute to the food packages' potassium content, these adjusted specifications should not negatively affect the nutritional status of participants
- USDA replace its proposed definition of whole grains and replace it with one based on the definition from the HealthierUS School Challenge. Whole grain WIC cereals and bread meet one of the following standards:
  - The product must be whole grain according to a Standard of Identity;
  - The ingredient statement on the label must list a whole grain as the first ingredient;
  - Where the first listed ingredient is not identified clearly as a whole grain (for example, the first ingredient is "corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is whole grain;
  - If the first listed ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product; for such products, documentation must be obtained from the manufacturer; or

If the label carries the whole grain health claim ("diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may help reduce the risk of heart disease and certain cancers") on its product label, no further documentation is required

- Allow tortillas that are low in saturated fat and contain less than 0.5 g trans fat per serving. The existing recommendation is too restrictive

#### Recommendations Addressing WIC FMNP

The WIC FMNP now operates in 46 states, U.S. territories, and tribal nations and served approximately 2.7 million WIC recipients in 2005, a number which represents a third of all WIC recipients. Surveys conducted over the years by state and tribal agencies, which administer the WIC FMNP consistently find that the modest benefits provided to WIC recipients (usually about \$20 per recipient annually) result in greater consumption of fresh fruits and vegetables among recipients. When WIC offices and other participating organizations, including the farmers and farmers' markets themselves, provide nutrition education information and activities to WIC recipients, the value of the FMNP vouchers is enhanced and the long-term consumption of fresh fruits and vegetables is more likely to occur

Please consider the following recommendations to ensure the integrity and necessity of the WIC FMNP and address the inclusion of farmers' markets as eligible vendors:

- USDA shall do no harm to the WIC Farmers Market Nutrition Program either through reducing current funding levels or establishing rules, systems, or procedures at the federal or state levels that would adversely affect the operation and effectiveness of the WIC FMNP
- Coordination shall be required between the proposed WIC fruit and vegetable voucher program and all existing and future federal-state WIC Farmers Market Nutrition Programs.
- Farmers and farmers' markets that are currently authorized under state WIC FMNP procedures shall be automatically eligible for vendor specification under the new fruit and vegetable voucher program. These WIC FMNP farmer and farmers' market authorization procedures shall also be applied by states in the future vendor specification process.
- States shall be required to allow farmers' markets as eligible vendors for fresh fruits and vegetables, with the provision that they comply with farmers' and farmers' market authorization procedures.
- Farmers and farmers' markets that are currently authorized under state WIC FMNP procedures shall be automatically eligible as WIC vendors for the new fruit and vegetable vouchers issued by the WIC program. The WIC FMNP farmer and farmers' market authorization procedures shall also be applied by states as the vendor requirements for farmers or farmers' markets for this program
- With respect to vendor requirements, farmers' markets shall be allowed to participate as seasonal vendors since most farmers' markets in the country are unable to operate year round. Similarly, farmers' markets shall be exempt from the "WIC-only" cost containment requirement and shall not be required to carry a full-range of WIC food package products
- When practicable, states should seek to develop systems for the distribution and use of fruit and vegetable vouchers that are compatible with existing WIC FMNP procedures. Nutrition education efforts and state and local promotion of fresh fruit and vegetable vouchers should be compatible with and seek to take advantage of existing WIC FMNP education and promotion practices. States should be encouraged to reduce the administrative costs associated with a fruit and vegetable voucher system by developing systems that are compatible with their respective WIC FMNPs
- In the event that states adopt EBT technology for the use of nutrition benefits by WIC recipients, farmers' markets must also be provided with the most practical EBT systems for the fruit and vegetable redemption process.

With respect to all vendors that may be specified under this program and other key operational issues for the new fruit and vegetable voucher program, FoodChange recommends the following rules:

- State agencies shall not have the authority to limit the range of fruit and vegetable items that may be purchased with fruit and vegetable vouchers, though preference shall be given to fresh fruits and vegetables first, then to frozen, and lastly canned.
- There shall be a cost of living adjustment reflected in the value of the vouchers in order to keep pace with inflation.
- The denomination of fruit and vegetable instruments shall be in small amounts such as \$1.00 and \$2.00 denominations.
- No change shall be given for vouchers that don't purchase their full denominational value.
- Consistent with Institute of Medicine's recommendation, we support the amount of \$10 per month of fruits and vegetables for mothers and \$8 for children.

- State advisory groups shall be established to develop the most effective and responsive system possible for operating the fruit and vegetable voucher program. Where states and/or municipalities have food policy councils, their participation in the advisory process is strongly encouraged.
- Just as farmers' markets have been pioneers in making the best fruits and vegetables available to people and places that need them the most, CFSC recommends that WIC encourage the availability of high quality fresh fruits and vegetables in all outlets that serve WIC recipients. In this regard the national WIC Program should consider implementing pilot projects that test various methods of increasing access to fresh produce in a variety of retail food outlets, including farmers' markets, in areas that are poorly served by such outlets.

Thank you for the opportunity to provide support, comment, and recommendations on this progressive and much needed rule change to the WIC program. If these rules are enacted, the health of our nation's children and family farmers will have an opportunity to substantially improve.

Sincerely,

Kate MacKenzie, MS, RD  
Director, Food and Nutrition  
FoodChange

PI-186

From: Karen Goodwin [kgchico@sbcglobal.net]  
Sent: Monday, November 06, 2006 11:23 AM  
To: WICHQ-SFPD  
Subject: Docket ID 0584-AD77

WIC Food Packages: A Time for Change  
Docket ID # 0584-AD77

To Whom It May Concern:

Included in this proposal are several much needed components and alterations. I would like to address specifically the advantage of the following: addition of fruits and vegetables, whole grains, and calcium fortified soy based products.

I work with a nutrition education organization which receives referred WIC participants for further elucidation on healthy eating to prevent obesity and health related diseases.

In my nutrition education outreach and counseling to low income populations, I often discover how little fiber is included in their diets. Vegetable consumption is minimal: one 11 year old child recently reported to me that she had never had a tomato (her mom confirmed her statement). This was not because she had tried one and found it distasteful; she had just never experienced it! Revelations such as this abound in my contact with clients.

Whole grains consumption is often limited to corn tortillas or caramel colored white bread. I spend many sessions instructing parents how to read a label, looking for fiber differences between cereals. The 3 grams of fiber obtained from WIC voucher Cheerios may often be one of their most significant sources for the day according to the 24 hour recalls I have recorded. As we understand nutritionally, significant nutrients can accompany sources of fiber in whole grain products, as with fruits and vegetables, and this is clearly a vital improvement in the proposed changes.

Further, a few of my clients are not culturally accustomed to consuming dairy or report lactose intolerance; allowing calcium fortified soy products will be a significant alternative source.

The science exists to support these changes in WIC. As a person working in the field so to speak, I energetically encourage you to implement them.

Respectfully,  
Karen Goodwin

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PI-189

EMAIL 11-06-06 FROM Glenda Dickerson [glendad@bellsouth.net]



United States Lactation Consultant Association  
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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, VA 22302

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

Dear Ms. Daniels,

The United States Lactation Consultants Association (USLCA) strongly supports the USDA-FNS 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children (WIC): *Revisions in the WIC Food Package: Proposed Rule*, with minor recommendations.

The following highlights the USLCA's support and recommendations related to this rule.

1. The proposed rule is based on evidenced based research and science. It follows guidance from the American Academy of Pediatrics, World Health Organization, and 2005 Dietary Guideline for Americans.
2. Strong support for exclusive breastfeeding.
  - a. No formula given to either partially or exclusively breastfeeding infants in the first month with the inclusion of IOM's recommendation that small amounts of formula can be offered during the first month while exclusive breastfeeding is being established. The amount of formula provided should vary with the circumstance.
  - b. After the first month, exclusively breastfeeding infants would continue to receive no formula and partially breastfeeding infants would only be allowed approximately half of the current allowance.

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TO BUILD AND SUSTAIN A NATIONAL ASSOCIATION THAT ADVOCATES FOR LACTATION PROFESSIONALS.

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- c. No cereals given to infants until six months of age and no juices given until one year of age.
  - d. Removed the definition of breastfeeding “on the average of at least once a day”.
  - e. Highest food package incentives for exclusively breastfeeding mothers and partially breastfeeding mothers receive higher food packages than formula feeding mothers
3. Recommend funding for IBCLCs to work with WIC in contractual or staffed roles at national, state and local levels. Provide continued support and funding for the staffed role of Breastfeeding Peer Counselors.
  4. Provide an increase to the fruit and vegetable vouchers for the exclusively breastfeeding woman’s package for cost neutrality. Same quantity of fruits and vegetables should be purchased for rural or urban areas. Make each fruit and vegetable as an individual item in accordance with the cost containment regulation.
  5. Recommendation of the use of jarred baby fruits and vegetables changed to the use of fresh (or canned) foods. The use of infant manufactured foods is a significant step backwards for the following reasons:
    - a. Increase chance of inappropriate use or fraud in purchasing inappropriate jarred infant foods
    - b. Increased counseling time will need to go towards appropriate purchasing of such foods and not “desserts” or “dinners” that are not 100% fruits or vegetables. This counseling time could be more effectively used towards extending breastfeeding durations.
    - c. Parents will not learn how to purchase and serve appropriate infant foods at the table and the transition for toddler feeding is lost.
    - d. This is an incorrect message, that these foods are better than fresh.
  6. Additional recommendations are supported of routine food options:
    - a. Reduces the numbers of higher fat foods.
    - b. Cereals to be 100% whole grain to meet the Dietary Guidelines and to include brown rice and bulgur as options and should allow substitutions to accommodate medical conditions.
    - c. Fruits and vegetable to be fresh, canned, or frozen.
    - d. Inclusion of culturally diverse foods choices such as tortillas, tofu, soy products, canned beans.
    - e. Allow the use of tofu, soy-based drinks in substitution in cases of milk allergy and intolerance.
  7. Recommendation that an alternative solution to the proposed rounding up methodology for infant formula is made that allows for consistency in the number of cans of formula be provided. Present proposal is confusing to both staff and to recipients.
  8. EBT card use should allow for immediate transfer and utilization/purchase of food package benefits (i.e. exclusively breastfeeding packages).

Thank you for your continued support of WIC families.

Sincerely,

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Glenda Dickerson RN, MS, IBCLC  
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United States Lactation Consultant Association

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PI-192

EMAIL 11-06-06 FROM joe williams  
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**NATIONAL ADVISORY COUNCIL ON  
MATERNAL, INFANT AND FETAL NUTRITION**

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,

The National Advisory Council on Maternal, Infant and Fetal Nutrition has previously gone on record supporting the revision of current WIC food packages. We reviewed the IOM report and are on record as supporting those recommendations. We congratulate the department for publishing this proposed food package rule and we continue to support USDA as it makes changes in the food package. We urge the department to finalize these rules expeditiously, but caution against required implementation within a restricted time period.

We acknowledge that this proposed rule supports breastfeeding throughout the first year of a child's life and specifically when done exclusively. We concur with all additions to food packages for mothers and would ask that the department reconsider providing the full \$10 in cash-value food instruments for fruits and vegetables. We are concerned, however, that the food package for partially breastfed infants may place those infants at risk for nutritional deficiencies. The Proposed Food Package for Partially Breastfed infants reduces the macronutrients those infants receive by approximately 350 Kcal/day and 6 grams of protein/day. The data from the proposed pilot study is critically important to be sure nutritional deficiencies don't develop in this group of infants. We further encourage WIC to provide a limited supply of infant formula during the first month of life for partially breastfed infants as a backup during this nutritionally highly vulnerable time.

We commend the department for following the Dietary Guidelines relative to quantity of milk and the addition of fruits and vegetables as well as whole grains. We further commend the department for adhering to American Academy of Pediatrics

recommendations for low fat milk for children two and over, restriction of juice in children and elimination of juice for infants. The IOM recommends the use of commercial baby foods and we certainly concur with adding fruits and vegetables to the infant food package. We would recommend that states be given the option to substitute fruits and vegetables for commercial baby foods, when appropriate education and tools (i.e. baby food grinders) are also provided.

We applaud the department for allowing a wider variety of foods with which state agencies can meet the cultural needs of their participants. This is evident in both milk and whole grain substitutions allowed. We urge the department to carefully set nutrient standards for soy beverages to be consistent with FDA and to assure availability of products when the food package is implemented. We have to question whether use of soy beverages, often a cultural or personal preference, should be aligned with exempt infant formula and medical foods. Requiring medical documentation for provision of soy products certainly does align them and will have a significant administrative burden at the local level.

We are concerned that the food package changes are not cost neutral. It does not appear the loss of rebate funds from reduced formula issuance has been considered, and we urge the department to do so. In addition, we would ask that the department more fully evaluate the use of yogurt in its most economical form and packaging. We believe that it should be included as a milk substitute if at all possible.

USDA did many calculations of the financial impact of the changes on food costs, but apparently did not do a comparable analysis on the administrative impact. We urge USDA to analyze the increased administrative burdens placed on state and local agencies to implement and maintain the food package changes, and include in this analysis the potential impact on the amount of infant formula rebate dollars received by WIC. We urge the department to allow state flexibility and discretion in every way possible. This should include things such as minimum stocking requirements for authorized vendors, specific fruits and vegetables allowed and a sufficient time frame of a minimum of 2 years for full implementation of the changes.

We look forward to the positive impact we believe these changes can have on the lives of WIC participants. We commit ourselves to working with you to implement the changes and continue to improve the operations of the WIC Program.

Sincerely,

A. Joe Williams Jr.  
Council Chairman  
National Advisory Council on  
Maternal, Infant and Fetal Nutrition  
And

Vice President, Regulatory and Member Services  
Texas Retailers Association

United States Department of Agriculture  
Food and Nutrition Service  
Supplemental Food Programs Division

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2006

Category of Membership As  
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Legislation

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Alexandria, VA 22302

November 6, 2005

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

Dear Ms. Daniels:

I am pleased to have the opportunity to comment on behalf of the National Women's Law Center, the National Partnership for Women and Families and the YWCA USA on revisions to the Food Package requirements of the Special Supplemental Nutrition Program for Women, Infants and Children ("WIC") proposed by the United States Department of Agriculture ("USDA") and the Food and Nutrition Service ("FNS") on August 7, 2006 (Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784 (proposed August 7, 2006) (to be codified at 7 C.F.R. § 246.10 and § 246.12). The WIC Food Package requirements have not been revisited since 1980, and we commend the USDA and FNS for undertaking a serious and comprehensive review of the requirements to ensure that they more accurately reflect current science-based nutrition concepts. In general, we are supportive of enhancements that will improve the nutritional value of foods made available through the WIC program to women, infants and children, and are especially supportive of the thoughtful enhancements to the food packages for breastfeeding women.

However, we are troubled by some aspects of the proposed revisions. First, we oppose the proposal to eliminate the provision of formula for breast-fed infants during the first month after birth. While we are supportive of the USDA and FNS goal of promoting more breastfeeding among WIC recipients, we are concerned that eliminating the availability of formula for these infants does not take into account the fact that their mothers may not be able to rely entirely on breastfeeding to the exclusion of formula and thus may inadvertently discourage these mothers from breastfeeding at all. Therefore, we urge the USDA and FNS to extend the partially breastfeeding option that is proposed for older infants to infants between birth and one month of age. Second, we strongly urge the USDA and FNS to expand and index the fruit and vegetable vouchers of the WIC

food packages so that these vouchers meet the Institute of Medicine's recommendations and keep pace with inflation in the future.

**Changes to Food Package I Do not Reflect the Reality of  
WIC-Participating Mothers' Lives and May Inadvertently Discourage  
Breastfeeding**

Currently, Food Package I is offered to infants from birth through three months of age. 7 C.F.R. § 246.10 (c)(1). Proposed Food Package I would be offered to infants from birth through five months of age, with two separate options for infants up to one month of age, and three separate options for infants from two through five months of age. Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784, 44815 (proposed August 7, 2006) (to be codified at 7 C.F.R. § 246.10(e)(1)(i)-9ii)). Infants currently receiving Food Package I are not required to be identified as either fully breastfeeding, partially breastfeeding, or fully formula feeding. All infants currently receiving Food Package I have access to infant formula during the first three months of life. 7 C.F.R. § 246.10 (c)(1). Under the proposed rule, however, infants up to one month of age who are identified as receiving *any* breast milk lose their current access to formula, even if their mothers are relying on both breast milk and formula for their infants' nutritional needs. Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784, 44815 (proposed August 7, 2006) (to be codified at 7 C.F.R. § 246.10(e)(1)(ii)(A)-(B)). This change is proposed to promote more breastfeeding among WIC-participating mothers. Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784, 44807 (proposed August 7, 2006). Infants two months through five months of age under the proposed rule may be identified as exclusively formula-feeding, exclusively breastfeeding, or partially breastfeeding. Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784, 44815 (proposed August 7, 2006) (to be codified at 7 C.F.R. § 246.10(e)(1)(ii)(A)-(B)). The option to identify an infant as partially breastfeeding accommodates those mothers who use both breastmilk and formula to feed their children, and infants identified as partially breastfeeding are eligible to receive some formula.

Under the proposed rules, WIC-participating mothers who choose to breastfeed their infants either exclusively or partially are also eligible for significantly enhanced food packages that provide the women with more nutrients and calories than the food package for non-breastfeeding WIC-participating mothers. Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784, 44816 (proposed August 7, 2006) (to be codified at 7 C.F.R. § 246.10(e)(5)-(7)). A mother who chooses to take any formula for her infant between birth and one month of age is only eligible to receive the non-breastfeeding food package for herself, even if she is partially breastfeeding during that time period. *Id.*

We are supportive of efforts by the USDA and FNS to promote breastfeeding among all populations and pleased that WIC serves as a critical source of information and

support for low-income breastfeeding mothers. We are concerned, however, that the proposed elimination of formula for newborns who are not exclusively breastfeeding, while created with the intention of promoting breastfeeding, does not take into account workplace conditions that often make it difficult for their mothers to continue exclusive breastfeeding. It also does not take into account that many women are otherwise not able to rely exclusively on breastfeeding for their infants' nutritional needs. For women who must combine breastmilk and formula to feed their infants, the elimination of formula for infants up to one month of age unless they are exclusively formula-feeding may inadvertently discourage women from breastfeeding altogether.

WIC-participating women who are by definition low-income do not usually have the financial means to take a significant period of unpaid leave after the birth of their children. Most employers do not offer paid leave after childbirth. The number of employees who get fully paid leave for any length of time after the birth of a child dropped to 18 percent in 2005 from 27 percent in 1998. Family and Work Institute, *2005 National Survey of Employers*, 12 (New York, 2005). Only 7 percent of employers offer at least six weeks of leave after childbirth with at least some pay. *Id.* Some employees are not even guaranteed that their job will be available to them if they take time off after the birth of a child. Only 60% of workers are protected by the Family and Medical Leave Act ("FMLA") which allows workers to take up to 12 weeks of unpaid, job-protected leave to care for newborns, among other covered family leave situations. National Partnership for Women & Families, *Facts About the FMLA: What Does It Do, Who Uses It, & How* (Washington, D.C.) <http://www.nationalpartnership.org/portals/p3/library/FamilyMedicalLeave/FMLAWhatWhoHow.pdf>. As a result, many low-income women may have to return to work before their children are even a month old.

When WIC-participating women return to their workplace, they are returning to low-wage jobs. The work environment of many low-wage jobs, such as fast food restaurants or discount retailers, is not generally conducive to breastfeeding. A recent article in the New York Times examined this issue and detailed the difficulties many low-wage women face in attempting to continue breastfeeding while also working: irregular breaks, no place to pump breast milk, no storage for breast milk if pumping is successfully performed, or employers who otherwise discourage breastfeeding. Jodi Kantor, *On the Job, Nursing Mothers Find a 2-Class System*, N.Y. Times, Sept. 1, 2006, <http://www.nytimes.com/2006/09/01/health/01nurse.html?ex=1162962000&en=2b789d480d4276a1&ei=5070>.

The combination of limited opportunities to take paid family leave and workplace environments that do not encourage breastfeeding suggests that WIC-participating women who are in the workforce face very significant barriers to exclusively breastfeed their infants. In addition, some women encounter difficulties breastfeeding that are unrelated to workplace issues that make it difficult for them to rely exclusively on breastfeeding to meet their infants' nutritional needs. Because only some WIC-participating mothers who choose to breastfeed will be able to do so exclusively, the proposed elimination of access to formula for WIC-participating newborns who are

receiving *any* breast milk is likely to have an adverse impact on breastfeeding outcomes. WIC-participating women, especially those who anticipate returning to the workforce shortly after childbirth, may feel compelled to choose the option that provides formula during the first month of life in Food Package I, because formula is such an expensive item to purchase, and because they will want to ensure that they can meet their children's nutritional needs. Accepting formula, however, will prevent a WIC-participating mother from receiving the enhanced food packages that are more likely to assist her in establishing a strong milk supply when her child is a newborn, overall reducing the likelihood that she will succeed at breastfeeding.

Indeed, this is why the Institute of Medicine ("IOM") expressed reservations about the elimination of formula for partially breastfeeding infants:

[T]he committee recognizes the potential for some undesirable consequences of the recommended changes in the WIC food packages. A breastfeeding mother – especially one who intends to combine breastfeeding and formula feeding, who needs to return to work, or who faces other personal challenges to breastfeeding – may need some formula to nourish her infant adequately during the first month postpartum. Some mothers who might otherwise try breastfeeding may choose formula feeding to be sure they can obtain formula (a high-cost item) if they run into breastfeeding difficulties.

Institute of Medicine, *WIC Food Packages: Time for a Change* (Washington: National Academy Press, 2005) 168 [hereinafter IOM *WIC Food Packages*]. Acknowledging "potential adverse consequences," the IOM urged the USDA and FNS to implement the recommended changes concerning the food package offered to infants during the first month of life only as a pilot program to test its effects. *Id.* Citing the IOM's concerns, the USDA and FNS proposed to pilot the changes for infants during the first month of life in no more than four sites, within up to eight state agencies, for a maximum of 32 local sites. Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784, 44807-08.

Because the proposed rule eliminating formula for infants who are receiving *any* breast milk during the first month of life is likely to have adverse inadvertent consequences for both women and infants by undermining rather than promoting successful breastfeeding among WIC-participating women, we strongly urge the USDA and FNS to abandon its pilot proposal, and to extend the three feeding options that are available for infants between two and five months of age (exclusively breastfeeding, partially breastfeeding, and exclusively formula feeding) to infants from birth to one month of age, with the ability to move from one option to another if circumstances warrant. We believe the effects of denying formula during the first month of a partially breastfeeding infant's life are self-evident for both infants and mothers and do not need to be tested through a pilot program. We also believe that the options that the USDA and FNS have proposed for infants two months through five months of age are appropriate for women and infants during an infant's first month of life and would enhance positive outcomes for both women and infants.

**Cost-Containment Does Not Provide a Rationale for Reducing the IOM-Recommended Fruit and Vegetable Component of WIC Food Packages**

The IOM has recommended that the USDA and FNS provide a voucher of \$10 per month for fruits and vegetables for women and \$8 for children through the WIC program. IOM, *WIC Food Packages*, 101-106. However, to contain costs, the proposed rules reduce the IOM-recommended voucher amounts of fruits and vegetables by one-fifth for women to \$8 per month and by one-quarter for children to \$6 per month. Department of Agriculture Food and Nutrition Service, 71 Fed. Reg. 44784, 44817-18 (proposed August 7, 2006) (to be codified at 7 C.F.R. § 246.10(e)(10)). In addition, the proposed rules provide that the USDA and FNS may adjust the fruit and vegetable vouchers annually for inflation, but do not require the vouchers to keep pace with inflation. *Id.* Consequently, if the option to inflation-adjust the vouchers is not exercised, the value of the fruit and vegetable component will fall even further behind the IOM recommendations.

Cost-containment is objectionable if it requires denying much-needed food to low-income women and children who are nutritionally at risk. We strongly urge the USDA and FNS to increase the fruit and vegetable WIC vouchers to fully meet the IOM-recommended levels for these foods, and to require that the fruit and vegetable vouchers be adjusted for inflation to preserve their value.

**Conclusion**

We urge the USDA and FNS to extend the partially breastfeeding option in Food Package I to infants one month old and younger. We also urge the USDA and FNS to establish fruit and vegetable voucher amounts that meet and continue to meet over time the IOM-recommended voucher values. Thank you for this opportunity to comment on the proposed changes to the WIC Food Package requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "Cristina Martin Firvida". The signature is fluid and cursive, with a long horizontal stroke at the end.

Cristina Martin Firvida  
Director of Government Affairs and Senior Counsel

PI-194

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 11:44 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

NAME: Andrea Rouge  
EMAIL: arouge@ofl.org  
CITY: Denver  
STATE: CO  
ORGANIZATION: Operation Frontline, Share Our Strength  
CATEGORY: Other  
OtherCategory: Nutrition Education Program  
Date: November 06, 2006  
Time: 11:43:33 AM

COMMENTS:

Please consider the new proposed package for WIC recipients. The changes better reflect a healthful options for the family. I teach a nutrition education program and many of my participants are also WIC clients. The proposed change will follow more closely the tips and lifestyle changes I recommend in my program. Additionally, Share Our Strength and Operation Frontline are committed to ending childhood hunger in the United States and we believe that these new WIC food packages will help fight hunger by helping women and children obtain access to high-quality nutritious food. We applaud the USDA for including calcium-set tofu, fortified soy-based beverages, canned legumes, and canned sardines and salmon (as a substitute for canned tuna) to accommodate participants with various cultural and personal food preferences. I fully support the inclusion of canned, frozen and dried fruits and vegetables, which may be more economical, more accessible, more easily stored by WIC participants, and may better accommodate WIC participant preference. Increasing access to whole grains will also promote improved health for mothers and children participating in the program. Thank you for supporting this proposal.

PI-196

From: executivedirector [executivedirector@netfoodbank.org]  
Sent: Monday, November 06, 2006 3:03 PM  
To: WICHQ-SFPD  
Cc: 'development'  
Subject: RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Importance: High

November 6, 2006

Patricia N. Daniels, Director

Supplemental Food Programs, FNS/USDA

3101 Park Center Drive, Room 528

Alexandria, VA 22302

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

Dear Ms. Daniels:

I am writing to support USDA's proposed WIC Food Packages Rule, which will:

- improve the health and nutritional quality of the foods in the program;
- expand cultural food options; and
- increase participants' choices.

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

Sincerely,

Rhonda P. Chafin

Executive Director

Second Harvest Food Bank of Northeast Tennessee

PI-199

EMAIL 11-06-06 FROM Tazuer Smith [tsmith@msawg.org]



## SUSTAINABLE AGRICULTURE COALITION

110 Maryland Avenue N.E. Phone 202.547.5754  
Washington, D.C. 20002 Fax 202.547.1837  
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November 6, 2006

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

*Comments submitted regular mail and via e-mail to [WICHO-SFPD@fns.usda.gov](mailto:WICHO-SFPD@fns.usda.gov).*

RE: Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages; Proposed Rule, published in the Federal Register on August 7, 2006 [Docket No. 0584-AD77]

Dear Director Daniels,

On behalf of the Sustainable Agriculture Coalition and its partners, I appreciate this opportunity to submit comments on the proposed revisions to the food packages offered by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC.) The Coalition's member organizations include the Agriculture and Land Based Training Association, American Natural Heritage Foundation, C.A.S.A. del Llano (Communities Assuring a Sustainable Agriculture), Center for Rural Affairs, Dakota Rural Action, Delta Land and Community, Inc., Future Harvest/CASA (Chesapeake Alliance for Sustainable Agriculture), Illinois Stewardship Alliance, Innovative Farmers of Ohio, Institute for Agriculture and Trade Policy, Iowa Environmental Council, Iowa Natural Heritage Foundation, Kansas Rural Center, Kerr Center for Sustainable Agriculture, Land Stewardship Project, Michael Fields Agricultural Institute, Michigan Integrated Food and Farming Systems, michigan Land Use Institute, Midwest Organic and Sustainable Education Service (MOSES), The Minnesota Project, National Catholic Rural Life Conference, National Center for Appropriate Technology, Northern Plains Sustainable Agriculture Society, Ohio Ecological Food and Farm Association, Organic Farming Research Foundation, Pennsylvania Association for Sustainable Agriculture, Sierra Club Agriculture Committee, and the Washington Sustainable Food and Farming Network.

The Sustainable Agriculture Coalition (SAC) represents grassroots farm, rural, and conservation organizations from across the country that together advocate for federal policies and programs supporting the long-term economic and environmental sustainability of agriculture, natural resources and rural communities. The national alliance of grassroots groups takes common

positions on critical federal food and agricultural policy issues and provides financial support for collective representation before Congress and federal administrative agencies. SAC was established in 1988 and has been deeply involved in policy education, consensus building, and policy option development since that time.

Currently serving an estimated 8 million clients, the WIC program has provided critical food and nutrition-related services to our nation's most vulnerable families through "food packages" designed to meet the specific nutritional needs of expectant mothers and children at different stages of development. We are pleased the WIC food package changes recently proposed by USDA would greatly improve the nutritional standards of the WIC program, aligning food packages more closely with current dietary guidelines for the consumption of fruits, vegetables, and whole grains.

Largely consistent with recommendations from the Institute of Medicine (IOM,) the proposed food package revisions will help ensure that WIC participants have access to fresh and wholesome food, and better enable families to adopt lifelong healthy eating habits. In addition, these proposed changes have the potential to encourage WIC client patronization of established local farmers markets and other direct marketing farmer-to-consumer ventures, while simultaneously offering flexibility to families with diverse cultural food preferences. In short, adoption of USDA's proposed WIC food package revisions will make vital improvements in the quality of nutrition services provided to WIC clients. We therefore enthusiastically support the general nature of the new WIC policies proposed by USDA, but also offer the following suggestions for strengthening and implementing the proposed revisions:

### **I. Implementing the Complete IOM Food Package Recommendations Will Optimize the Nutritional Benefits of the Revised WIC Food Packages**

While the majority of the IOM's suggestions for updating the food packages are reflected in USDA's proposed revisions, several key components of the IOM-recommended food package allowances were reduced or eliminated. The most significant departure USDA makes from the IOM recommendations concerns the monthly dollar amount of the "cash value food instruments" (hereafter "vouchers") issued for the purchase of fruits and vegetables. While the IOM proposal would allow \$10 per month to women and \$8 per month to children fruits and vegetables, the USDA proposal decreases this amount to \$8 and \$6, respectively.

Although this decrease is part of USDA's effort to maintain cost neutrality in the WIC program as it institutes the food package revisions, the proposed fruit and vegetable voucher reduction could potentially eliminate 20 percent an important source of micronutrients for WIC clients. According to the IOM, pregnant, post-partum, and breast-feeding women are at significant risk for inadequate micronutrient consumption:

The micronutrients with the highest prevalence of inadequacy were magnesium and vitamin E. For vitamin E, the estimated prevalence of inadequacy exceeded 90 percent for pregnant and lactating women and was almost 100 percent for non-breastfeeding postpartum women. More than 40 percent of pregnant and lactating

women had inadequate folate intakes. About one-third of pregnant and lactating women had inadequate intakes of vitamins A, C, and B6. An even higher percentage of non-breastfeeding postpartum women had inadequate intakes of vitamins A and C (more than 40 percent). The prevalence of inadequate intake of vitamin B 6 was twice as high for pregnant and lactating women as for non-breastfeeding postpartum women.<sup>1</sup>

In addition, the IOM reports that 40 percent of breast-fed infants age six through eleven months had inadequate iron uptakes, and 60 percent were receiving insufficient amounts of zinc.<sup>2</sup>

Based on these findings, we recommend that USDA adjust the proposed food package revisions to reflect the IOM's initial suggested monthly fruit and vegetable voucher amounts. The IOM crafted its proposal with the stated goal of making the WIC food packages consistent with current Dietary Reference Intakes (DRI's,) for adequate nutrient consumption. The fruits and vegetable voucher amounts recommended in the IOM report are part of a comprehensive set of dietary recommendations designed to afford nutritionally insecure women and children minimum levels of nutrient consumption consistent with the Dietary Guidelines for Americans. In the event USDA finds that budget restrictions prohibit adoption of the full range of IOM food package recommendations, we recommend that USDA to work closely with Congress within the appropriations process to secure the additional funding necessary to implement these recommendations.

## **II. Existing Farmers Market Networks Should Play a Crucial Role in Implementing the New WIC Food Packages**

Currently, there are an estimated 4,000 farmers markets operating in rural and urban communities across the country, and the number continues to grow. These markets are increasingly functioning as the primary providers of fresh, affordable, and healthy foods in communities historically underserved by large-scale food retailers. In addition, many of these markets, in both urban and rural areas, are successfully meeting the demands of culturally diverse customers with unique food preferences.

The ability of these markets to respond to the particular preferences of their diverse customer bases is largely determined by the personal relationships farmers are able to establish with customers through the direct marketing opportunities provided by farmers markets. In a practical sense, these direct market relationships are creating valuable economic links between local agricultural producers and immigrant and minority populations. The social benefits of these relationships are more difficult to quantify, but no less important—farmers markets have once again become dynamic centers of community and civic engagement, and they are helping to forge important links between diverse members of our population.

---

<sup>1</sup> Institute of Medicine, *WIC Food Packages: Time For a Change* (Washington, DC: National Academies Press, 2006), 47.

<sup>2</sup> Ibid.

Concurrent with the rapid, nationwide growth of farmers markets has been the success of the Farmers Market Nutrition Program (FMNP) in enabling WIC clients to incorporate fresh, locally grown fruits and vegetables into their diets. Now operating in 46 states, the FMNP served an estimated 2.7 million WIC clients in 2005. The FMNP is the only initiative guaranteed to provide WIC clients with a reliable source of fresh produce, as well as crucial education concerning the storage and preparation of fresh fruits and vegetables.

With the delivery of relatively small levels of benefits (an average of twenty dollars a year), the FMNP has consistently increased WIC clients' consumption of fresh fruits and vegetables since the program's inception 17 years ago. As the program has matured, state agencies have developed extensive administrative capacity to both deliver benefits and ensure their efficient redemption in a wide variety of market venues. Currently, states issue FMNP vouchers that range in value from two to five dollars, and employ voucher tracking systems that provide accurate and reliable information about program accountability.

With the goal of supporting local farmers markets and ensuring WIC clients have access to the healthiest and freshest food possible, we recommend USDA closely coordinate the proposed WIC fruit and vegetable voucher system with existing FMNP benefit delivery systems. Modeling the new fruit and vegetable voucher system on existing FMNP policies and procedures will allow WIC clients to easily redeem their new vouchers in a process with which many will already be familiar, and generally ease the financial and administrative burden of implementing the revised food packages.

We recommend the USDA take the following specific actions to align the proposed WIC fruit and vegetable voucher system with existing FMNP practices:

1. Farmers markets and other direct marketing venture currently authorized under a state's FMNP guidelines should be automatically eligible for participation in the new WIC benefits scheme.
2. Farmers markets should be exempted from the WIC cost containment requirement imposed on larger retailers, and regulations requiring WIC-approved retailers to operate year-round.
3. Farmers markets offer a wide variety of seasonal fruits and vegetables, and there should be no limits placed on the varieties of items that can be purchased with the new WIC fruit and vegetable vouchers,
4. To the extent possible, the purchase of fresh vegetables should be encouraged over frozen and canned alternatives.

5. If states implement EBT technology for the redemption of WIC benefits, farmers markets should be provided with these systems to the maximum extent practicable.
  
6. States should be encouraged to provide education and training in conjunction with the new WIC fruit and vegetable vouchers that is consistent with existing FMNP education and outreach programs.

Incorporating these relatively simple policies into the implementation of the new WIC fruit and vegetable voucher system will ease the transition of the new benefits into practice, promote the consumption of healthy, affordable, and fresh fruits and vegetables by WIC clients, and support the continued success of local farmers markets in our communities. SAC appreciates the opportunity to provide these suggestions, and looks forward to working with USDA on this and other policies aimed at ensuring a healthy, sustainable, and equitable food system.

Sincerely,

*Tazuer Smith*

Tazuer Smith  
Washington Representative  
Sustainable Agriculture Coalition

PI-200

email to wichq-sfpd 11-06-06 from Mercurypolicy@aol.com

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

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

Dear Ms. Daniels:

Thank you for the opportunity to provide comment on the U.S. Department of Agriculture (USDA) “Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions to the WIC Packages- Proposed Rule.” We, the undersigned, represent both health and environmental groups concerned with mercury pollution and with health risks to people. While applauding USDA for its proposed rule to discontinue WIC offerings of “white” canned tuna, we strongly recommend that “light” canned tuna also be eliminated from the WIC program. Recent tests indicate that some light canned tuna has similarly high mercury levels—or higher levels—than “white” canned tuna and therefore, under the IOM criteria, would indeed “pose a mercury hazard.”

Methylmercury is an increasingly well-understood threat to healthy brain and nervous system development. Women of reproductive age, their fetuses, and young children are at the most risk. Fetal or early childhood exposure to methylmercury can lead to neurological and developmental problems such as learning disabilities, attention and fine motor skills deficits, and delays in walking and talking. One in six women of childbearing age carry mercury in their blood above the level that would pose a risk to a developing fetus, according to Environmental Protection Agency (EPA) scientists. Thus, an estimated 600,000 newborns each year are at risk of neurological impairment.

Given the risks associated with mercury, EPA and the Food and Drug Administration (FDA) issued new guidelines on the consumption of tuna and other fish in 2004. These agencies based their guidelines on tests of mostly domestically-caught samples, even though a growing proportion of the canned tuna consumed today in the U.S. is imported. In 2004, for example, 51 percent of the total U.S. supply of canned tuna came from foreign sources. The joint EPA/FDA advisory recommends that sensitive populations limit consumption of “white” canned tuna to 6 ounces per week - not only because of the moderately high levels of mercury found in some canned tuna, but because of the amounts consumed each year, especially by sensitive populations. According to USDA data, canned tuna is the most heavily consumed fish for pregnant women and children—hence it is likely to be the largest exposure source of mercury.

Currently, canned tuna is the only animal meat protein source offered by WIC programs (with the exception of the WIC programs offered in Alaska and Hawaii.) In 2003, the Hawaii Department of Health applied for and received an exemption from USDA to grant Hawaii WIC dispensation and allow canned salmon -- which contains, on average, far less mercury in fish tissue -- to replace canned tuna. The request was justified primarily due to high rates of exposure to mercury by indigenous populations who eat above average amounts of fish.

While the IOM acknowledge the risks of exposure to methylmercury by eliminating white canned tuna from the WIC food packaging offerings, it apparently supports consumption of light canned tuna as stated in the Proposed Rule: "As recommended by the IOM, this proposed rule would authorize 30 ounces of a variety of canned fish that do not pose a mercury hazard, as identified by federal advisories... would authorize the following varieties of canned fish--light tuna, salmon, and sardines."

However, recent testing results co-released by Defenders of Wildlife, Center for Science in the Public Interest, and the Mercury Policy Project reveals high levels of mercury in light tuna, which the FDA continues to categorize as a "low-mercury fish." The study is available at: <http://www.defenders.org/tunamercury/report.html>. The study was conducted to determine whether all canned light and albacore tuna are similar in mercury content, as the current Federal guidelines suggest. It also sought to examine how factors such as country of origin, fishing method, size and species composition of the tuna might affect the amount of mercury in each can. Independent testing was conducted of 164 cans of tuna collected from both large chains and smaller independent groceries around the country. The tuna in our study came not only from the US fishing fleet, but also from Ecuador, Mexico, Costa Rica, Thailand, Malaysia and the Philippines, among other countries—making it the first ever study of mercury in imported canned tuna.

Mercury levels in the samples tested varied widely. Yet over one-third (35 percent) of all cans tested had mercury levels above 0.3 parts per million (ppm), the average level FDA found when it tested white tuna. While light tuna from Asia was generally low in mercury, average levels of mercury found in the Latin American tuna tested were surprisingly high-- more than 0.4 ppm. Samples from one country, Ecuador, had an astounding 0.75 ppm average mercury content. By comparison, the FDA/EPA advisory recommends that consumers avoid king mackerel, a fish with an average mercury level of 0.73 ppm. More troubling, several of the cans from Latin America reached levels over the 1.00 ppm "action level" at which the FDA can pull tuna from supermarket shelves to protect public health. One can had 1.50 ppm of mercury, and nearly one in every 20 cans of light tuna exceeded the 1.00 ppm FDA action level.

Given the very high levels of mercury found we strongly recommend that light canned tuna also be eliminated from the WIC program, at least until FDA conducts its own testing and comes up with clear and viable recommendations to advise sensitive populations about the light canned tuna with higher mercury levels. Not only do nursing mothers pass methylmercury on to their newborns and to their developing fetus—should

they become pregnant again—but those WIC recipients who consume light canned tuna can realistically be expected to share it with their other children through family meals. Yet eating just one six-ounce can of light tuna a week with mercury levels above 0.3 parts per million would cause an average-sized 140 pound woman—and nearly all children—to exceed EPA’s recommended maximum allowable dose of mercury, the “reference dose.”

In summary, we are encouraged that the Proposed Rule eliminates white canned tuna from the WIC food package. However, by considering the inclusion of canned light tuna, USDA may be inadvertently putting low income women and their children at greater risk of mercury exposure. Like all consumers, WIC recipients have no way of knowing the mercury level in a given can because it is nearly impossible to determine what species of tuna the product is made from, the size and age of the fish, where the fish was caught or what method was used to catch it. Furthermore, the current joint EPA/FDA advisory fails to address this important issue. Therefore, this Federal advisory shortfall should also be acknowledged and no canned fish should only be offered in the WIC program at this time until there is a clear means of identifying and excluding the higher level mercury canned fish.

Sincerely,

Michael Bender, Director  
Mercury Policy Project/Tides Center  
Montpelier, VT

Peter T. Jenkins, Director of International Conservation  
Defenders of Wildlife  
Washington, DC

Bill Ravanese, Boston Regional Director  
Health Care Without Harm  
Longmeadow, MA

Cynthia Sarthou, Executive Director  
Gulf Restoration Network  
New Orleans, LA

Sharon Fuller  
Ma’at Youth Academy for Environmental Leadership  
Richmond, CA

Freya Koss  
PA Coalition for Mercury-Free Dentistry  
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Erik Jansson, President

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Putting Ideas to Work

November 6<sup>th</sup>, 2006

PI-202

Patricia Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service  
United States Department of agriculture  
3101 Park Center Drive Room 528  
Alexandria, Virginia 22303

Dear Ms. Daniels:

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

On behalf of the Henry A. Wallace Center for Sustainable Agriculture and the Environment I am writing to express my support for the revisions to the WIC Food Package Rule. The Wallace Center, a leading non-profit organization devoted to promoting sustainable food and farming systems, views the proposed rule as an important evolution of US food policy.

Millions of low income American families currently struggle to provide the healthiest possible foods for themselves and their children. The Wallace Center commends the USDA's Food and Nutrition Service for developing a draft rule that more adequately allocates public nutrition assistance for the healthiest foods possible. The adoption of this rule will be an important step toward helping American families meet the health and dietary challenges currently confronting them.

As a promoter of sustainable farming practices and alternative marketing channels, the Wallace Center believes that the inclusion of farmers' markets in the proposed rule will greatly benefit millions of WIC program clients who are currently served by their local farmers' market. In many low-income rural and urban areas farmers' markets are increasingly being seen as a bright spot serving communities farm fresh local produce where it would otherwise be unavailable.

In many states the current WIC and Senior Farmers' Market Nutrition Programs have been huge successes, allowing nearly 2.7 million low-income mother and children in 46 states access the very healthiest of local foods. The Wallace Center believes that the proposed rule is an important step forward in terms of both the FMNP programs and the overall WIC program, as it will increase the local purchasing power for healthy fresh fruits and vegetables for the millions of WIC participants.

The proposed rule is particularly important in light of data collected on a yearly basis by state and tribal agencies, which administer the WIC FMNP. These organizations consistently find that the modest benefits provided to WIC recipients (usually about \$20 per recipient annually) result in greater consumption of fresh fruits and vegetables. When WIC offices and other participating organizations, including the farmers and farmers' markets themselves, provide nutrition education information and activities to WIC recipients, the value of the FMNP vouchers

is enhanced and the long-term consumption of fresh fruits and vegetables is more likely to occur.

By operating WIC FMNPs, many states and tribal organizations have developed a substantial share of the organizational and administrative capacity they will need to operate the proposed WIC produce voucher program. The current procedures for WIC FMNP benefit distribution, redemption, and accountability are very consistent with the proposed revisions pertaining to fruit and vegetable vouchers. FMNP agencies (generally state health and agriculture departments) now issue vouchers that range in value from \$2 to \$5.

They have voucher tracking and other accountability procedures as well as procedures to authorize participating farmers and farmers' markets. Additionally, both the development of farmers' markets and the implementation of the WIC FMNP require working partnerships and collaborations between multiple agencies and organizations, both public as well as private. These experiences and practices, developed over the course of 17 years of operating the WIC FMNP, should allow state and tribal WIC agencies to make a relatively smooth transition to the implementation of the proposed new WIC expanded fruit and vegetable cash voucher system.

**In order for WIC recipients to secure as much nutritional value from the use of the proposed fruit and vegetable WIC vouchers at farmers' markets as possible, we offer the following suggestions as you and your team review and finalize draft regulations for this program:**

- Consistent with Institute of Medicine's recommendation, I support their suggested amount of \$10 per month of fruits and vegetables for mothers and \$8 for children, an increase from the amount proposed in your current draft regulations of \$8 monthly for mothers and \$6 monthly for children between 2 and 5 years.
- I ask that in implementing the new expanding WIC program, that USDA continue to fund and foster the existing modest WIC Farmers Market Nutrition Program, maintaining existing funding levels and keeping the current rules, systems, or procedures at the federal or state levels that support the current operation and effectiveness of the WIC FMNP.
- With respect to vendor specification procedures, farmers' markets should be permitted to participate as seasonal vendors since most farmers' markets in the country are unable to operate year round. Similarly, farmers' market shall be exempt from the "WIC-only" cost containment requirement and shall not be required to carry a full-range of WIC food package products
- I would also ask that substantial efforts should be made to promote coordination between the proposed WIC fruit and vegetable cash voucher program and the existing WIC Farmers Market Nutrition Program. Farmers and farmers' markets that are currently



authorized under state WIC FMNP procedures should be automatically eligible for vendor specification under the new fruit and vegetable voucher program. These WIC FMNP farmer and farmers' market authorization procedures should also be applied by states in the future vendor specification process.

- When practicable, states should seek to develop systems for the distribution and use of the new WIC fruit and vegetable cash vouchers that are compatible with existing WIC FMNP procedures. Nutrition education efforts and state and local promotion of fresh fruit and vegetable vouchers should be compatible with and seek to take advantage of existing WIC FMNP education and promotion practices. States shall be required to allow farmers' markets as eligible vendors, provided that they comply with farmer and farmers' market authorization procedures.
- Keeping in mind that farmers' markets carry a wide selection of locally produced fresh fruit and vegetables, state agencies shall not limit the range of fruit and vegetable items that may be purchased with fruit and vegetable vouchers.
- Preference shall be given to fresh fruits and vegetables first, then to frozen, and lastly canned.
- There shall be a cost of living adjustment reflected in the value of the vouchers in order to keep pace with inflation.
- The denomination of fruit and vegetable instruments shall be \$2.00 and no change shall be given for vouchers that don't purchase their full denominational value.
- State advisory groups should be established to develop the most effective and responsive system possible. Where states and/or municipalities have food policy councils, their participation in the advisory process is strongly encouraged.
- In the event that states adopt EBT technology for the use of nutrition benefits by WIC recipients, farmers' markets must also be provided with the most practical EBT systems.
- Just as farmers' markets have been pioneers in making the best fruits and vegetables available to people and places that need them the most, I encourage WIC to make high quality fresh fruits and vegetables available in all outlets that serve WIC recipients. In this regard the national WIC Program should consider implementing pilot projects that test various methods of increasing access to fresh produce, with a variety of retail food outlets including farmers' markets, in areas that are poorly served by such outlets.

Again on behalf of the Wallace Center I would like to thank the USDA's Federal Nutritional Service for their innovative proposed rule that make fresh fruits and vegetables a regular part of the WIC food package. This rule will make the fresh healthy foods available to millions of mothers and their children who can not afford it and will also assist the nation's family farmers

**Winrock International**

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for whom farmers' markets are essential to preserving their livelihoods. I feel that farmers' markets can make a substantial contribution to the success of this new initiative, one that promises to provide a healthy tomorrow for all Americans.

Sincerely,

A handwritten signature in cursive script that reads 'John Fisk'.

John Fisk, PhD  
Director, H.A. Wallace Center  
Winrock International  
1621 North Kent Street, Suite 1200  
Arlington VA 22209

PI-203

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 1:53 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

NAME: Laurel Weir  
EMAIL: aabrams17@aol.com  
CITY: Washington  
STATE: DC  
ORGANIZATION: National Law Center on Homelessness & Poverty  
CATEGORY: PublicInterest-AdvocacyGroup  
OtherCategory:  
Date: November 06, 2006  
Time: 01:52:49 PM

COMMENTS:

I write in support of the USDA's proposed new rule to improve the WIC food packages by bringing them into conformity with current scientific knowledge about the nutritional needs of young children. For many homeless and low-income children, WIC provides a critical supplement that may make the difference between adequate and inadequate nutrition during vital growth stages.

NLCHP strongly supports the proposed changes to add fruits and vegetables, whole grain cereals and other whole grains, corn tortillas, soy milk, tofu and canned beans, and low-fat milk. These additions will allow WIC to better meet the needs of homeless and low-income children. We also support the change to allow fish to be purchased in pre-packaged pouches instead of only allowing cans. The pouches will be more accessible to homeless families, who may not always have access to a can opener.

The proposals however, should be strengthened in two key areas. First, the fruit and vegetables benefit should be increased by a minimum of \$2 a month. Second, reduced-fat yogurt should be added as an acceptable substitution for milk, as recommended by the Institute of Medicine. This will provide a healthy choice for children who reject milk and cheese but who will eat flavored, low-fat yogurt.

Given the importance of the proposed changes, the U.S. Department of Agriculture should work to ensure publication and implementation of the final rule no later than the Spring of 2007. Thank you for the opportunity to comment.

Sincerely,

Laurel Weir  
National Law Center on Homelessness & Poverty

# WithinReach

essential resources for family health

PI-204

emailed attachment - 11-06-06 received from erulemaking.net from :

First Name: Sharon Last Name: Beaudoin Mailing Address: 11000 Lake City Way NE, Suite 301  
City: Seattle Country: United States State or Province: WA Postal Code: 98117

November 3, 2006

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

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

Dear Ms. Daniels:

WithinReach strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. Each year, WithinReach connects over 20,000 families to the WIC Program in Washington State. The proposed changes will greatly benefit vulnerable mothers and children.

We support the proposed rule because it closely reflects the science-based recommendations of the Institute of Medicine published in their April 2005 report entitled, *WIC Food Packages: Time for a Change* and is consistent with the *2005 Dietary Guidelines for Americans* and national nutrition guidance.

The proposed food package will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population and 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.

The proposed changes are a significant step forward and will improve the overall health of WIC mothers and children by contributing to reductions in obesity and other diet-related chronic diseases.

WithinReach commends USDA for the release of the proposed rule making major changes to the WIC food packages.

Sincerely,



11000 Lake City Way N.E. • Suite #301 • Seattle, WA 98125-6748 • 206.284.2465 • fax 206 270 8891 • www.withinreachwa.org

## Programs of WithinReach

Family Health Hotline • HealthyKidsNow! Hotline • Family Planning Hotline • Family Food Hotline • ParentHelp123.org  
APJ Hepatitis B Task Force • Breastfeeding Coalition of Washington • Immunization Action Coalition of Washington

email to wichq-sfpd 11-06-06 from Thall, Letty [LThall@momobile.org]

Attached please find the comments from Maternity Care Coalition that serves Philadelphia and the suburban counties in southeastern Pennsylvania. Please do not hesitate to contact me with questions.

<<Proposed Rule fedWIC.doc>>

Letty D. Thall, ACSW  
Public Policy Director  
Maternity Care Coalition  
2000 Hamilton Street, Suite 205  
Philadelphia, PA 19130  
215-972-0700, ext 110  
215-989-3583, direct  
www.momobile.org

Proposed Rule - WIC Food Package Revision

Published August 7, 2006

Comments from

Maternity Care Coalition

Maternity Care Coalition (MCC) was founded in 1980 by professionals and lay people concerned with the appalling rate of infant mortality and morbidity in Philadelphia.

Since then, MCC has nurtured over 60,000 families in the Philadelphia region. With our signature MOMobile® program, we use a "bottom-up" strategy of neighborhood outreach, case finding, and building trust with high-risk families to enable parents to access a range of services and programs that improve the quality of their lives. As the Pennsylvania affiliate of Healthy Mothers Healthy Babies, MCC continues to advocate for families at local, state, and national levels.

Maternity Care Coalition (MCC) was one of eighteen community-based Demonstration Project Sites in the United States and Puerto Rico working with the Office of Women's Health, Department of Health and Human Services, and The Ad Council to maximize the impact of the National Breastfeeding Awareness Campaign at the local level.

To ensure that all babies have an opportunity for a healthy start, MCC's goal is to increase the rates of breastfeeding initiation and duration, and to narrow the disparities across ethnic and income groups. MCC initiated the "Breastfeeding welcome here" decal campaign which encourages retailers and employers to recognize breastfeeding mothers by posting decals welcoming them to breastfeed in their establishment. Additionally, MCC participates with local, state, and regional breastfeeding initiatives with the assistance of a Breastfeeding Advisory Committee.

The following comments address our support and concerns of the proposed revisions in the WIC Food Packages.

1. Proposed Change: During the first month after birth, infants will be categorized as either "fully breastfeeding" or "fully formula feeding". No formula will be provided to any infant classified as breastfeeding during the first month of life.

Comment: This change holds the risk of scaring new mothers into classifying themselves as fully formula feeding to not risk losing the option of formula feeding. With our region's low initiation rates, breastfeeding needs to be encouraged without "forced choices." Prior to birth, women should be given

education about breastfeeding including benefits and "how to's." Conversations with significant others in the household should be encouraged.

Education and support for the new mother to encourage her to try and sustain breastfeeding through the first year are needed; however, this new classification holds the risk of new mothers not wanting to attempt breastfeeding for fear of losing formula in the first month.

2. Proposed Change: Beginning the second month after birth, a third infant feeding option is proposed—partial breastfeeding. As recommended by the IOM, this rule proposes that, for the purposes of assigning WIC food packages, a partially breastfed infant be defined as an infant who is breastfed but also receives formula from the WIC Program in an amount not to exceed approximately half the amount of formula allowed for a fully formula fed infant. Currently, there is not a food package for partially breastfed infants. Instead, breastfeeding infants may receive up to the maximum amount of infant formula authorized in Food Packages I and II.

Comment: We support this change, as it will encourage new mothers to continue to breastfeed their child (ren).

3. Proposed Change: Disallowance of Low-Iron Infant Formula in Food Packages I, II and III.

Comments: We support this change. It is well documented that iron fortified infant formulas play an essential role in providing iron in the diets of non-breastfed infants.

4. Proposed Change: As recommended by the IOM, to improve the consumption of fresh fruits and vegetables and the appeal of this option, especially for people of different cultural backgrounds, this proposed rule would place minimal restrictions on participant choice of fresh produce. Because a fresh produce option might not be practical in some situations, a processed option and a combined fresh and processed option for fruits.

Comments: We support this change. This change would increase the consumption of various fruits and vegetables by our clients, and would allow increased cultural competence as well.

5. Proposed Change: Women who are fully breastfeeding multiple infants would be prescribed 1.5 times the maximum amounts of Food Package VII to cover their higher needs for energy and nutrients. Women partially breastfeeding multiple infants would receive also Food Package VII.

Comments: We support this change.

Submitted by:  
Erin Leddy for  
Letty D. Thall, Public Policy Director  
Maternity Care Coalition

PI-207

From: no-reply@erulemaking.net  
Sent: Monday, November 06, 2006 6:06 PM  
To: CNDPROPOSAL  
Subject: Public Submission

Please Do Not Reply This Email.

Public Comments on Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages:=====

Title: Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages FR Document Number: 06-06627 Legacy Document ID:  
RIN: 0584-AD77  
Publish Date: 08/07/2006 00:00:00  
Submitter Info:

First Name: John  
Last Name: Balbus  
Mailing Address: 1875 Connecticut Ave. NW, Suite 600  
City: Washington  
Country: United States  
State or Province: DC  
Postal Code: 20009  
Organization Name: Environmental Defense

Comment Info: =====

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

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

Dear Ms. Daniels,

We, the undersigned individuals and organizations, strongly support the U.S. Department of Agriculture's (USDA's) proposed addition of healthier fish choices to the supplemental foods provided under the Women, Infants, and Children (WIC) Program.<sup>1</sup> Specifically, USDA proposes to add canned sardines and salmon to the WIC Program's enhanced food package VII for exclusively breastfeeding women, the only WIC package which includes fish. Canned albacore (white) tuna would be removed from the program. This new provision would align the WIC program more closely with two recent reports from the Institute of Medicine. These reports recommend that pregnant and breastfeeding women regularly consume fish, in large part because of the health benefits from long chain omega-3 fatty acids, but that they avoid fish with high levels of mercury.<sup>2,3</sup>

According to USDA's Food and Nutrition Service, almost all of the exclusively breastfeeding women enrolled in WIC from 1998-2002 received 75% or more of the federal maximum allowance of canned tuna (26 ounces).<sup>4</sup> If albacore tuna comprised this entire allotment, these mothers and more importantly their babies would be exposed from albacore tuna alone to 95%-127% of the

Environmental Protection Agency's reference dose for methylmercury.<sup>5</sup> This level of mercury exposure could result in serious neurological and developmental harm to infants if continued for an extended period of time.

The two new fish selections in the proposed rule ? canned wild salmon (typically pink and sockeye) and sardines ? are excellent choices for consumers. They have considerably less mercury, and contain more long chain omega-3 fatty acids than canned tuna.<sup>6,7</sup> They also come from ecologically friendly fisheries.<sup>8</sup>

The third proposed fish option ? canned light tuna ? is typically skipjack tuna, a species of relatively small, fast-growing tuna with fairly low mercury levels.<sup>9</sup> However, a small proportion of canned light tuna has mercury levels which approach the Food and Drug Administration's (FDA's) action level of one part per million<sup>10</sup>, presumably because the tuna comes from larger species such as yellowfin, which have markedly higher mercury levels. We strongly encourage USDA to discuss with FDA potential changes in labeling requirements for canned tuna, so that breastfeeding women and other vulnerable individuals can avoid consuming tuna from species with relatively high mercury levels.

Thank you for your consideration,

ORGANIZATIONS:

Environmental Defense  
American Public Health Association  
Children's Environmental Health Network  
Monterey Bay Aquarium  
Physicians for Social Responsibility  
Physicians for Social Responsibility, San Francisco-Bay Area Chapter  
Physicians for Social Responsibility, Baltimore Chapter  
SeaWeb

INDIVIDUAL HEALTH PROFESSIONALS:

John Balbus, MD, MPH  
Director, Health Program  
Environmental Defense  
Washington, DC

Brian S. Schwartz, MD, MS  
Professor of Environmental Health Sciences, Epidemiology, and Medicine  
Johns Hopkins University Baltimore, MD

David O. Carpenter, MD  
Institute for Health & the Environment  
University at Albany, SUNY  
Rensselaer, NY

Howard M. Kipen, MD, MPH  
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Martha R. Herbert, MD, PhD  
Pediatric Neurology  
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Howard Hu, MD, MPH, ScD  
Chair and Professor of Environmental Health Sciences University of Michigan  
School of Public Health Ann Arbor, MI

Cynthia F. Bearer, MD, PhD  
Associate Professor of Pediatrics, Neurosciences & Environmental Health Sciences  
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Sunny Jones  
Certified Pediatric Nurse Practitioner  
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Environmental Health Education Center  
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Anna Gilmore Hall, RN, CAE  
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Johns Hopkins Center for Public Health Preparedness Baltimore, MD

Frances M. Tinker, MD  
Northridge, CA

Tim K. Takaro  
Associate Professor of Health Sciences  
Simon Fraser University  
Burnaby, BC

- 
- 1 U.S. Department of Agriculture. 2006. Special supplemental nutrition program for women, infants and children (WIC): Revisions in the WIC food packages; Proposed Rule. Federal Register Notice 71(151): 44784-44855.
  - 2 Institute of Medicine, National Academies of Science. 2005. WIC food packages: Time for a change.  
[http://www.fns.usda.gov/oane/menu/Published/WIC/FILES/Time4AChange\(mainrpt\).pdf](http://www.fns.usda.gov/oane/menu/Published/WIC/FILES/Time4AChange(mainrpt).pdf)
  - 3 Institute of Medicine, National Academies of Science. 2006. Seafood choices: Balancing benefits and risks. <http://www.nap.edu/catalog/11762.html>
  - 4 U.S. Department of Agriculture, Office of Analysis, Nutrition and Evaluation. 2006. Analysis of WIC food package prescriptions, 1998-2002. Report No. WIC-06-PCFP.  
<http://www.fns.usda.gov/oane/menu/Published/WIC/FILES/FoodPrescription.pdf>
  - 5 U.S. Environmental Protection Agency, Integrated Risk Information System.  
[http://cfpub.epa.gov/iris/quickview.cfm?substance\\_nmbr=0073](http://cfpub.epa.gov/iris/quickview.cfm?substance_nmbr=0073)
  - 6 U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition. 2006. Mercury levels in commercial fish and shellfish.  
<http://www.cfsan.fda.gov/~frf/sea-mehg.html>
  - 7 U.S. Department of Agriculture, Agricultural Research Service. 2006. USDA National Nutrient Database for Standard Reference, Release 19.  
<http://www.ars.usda.gov/ba/bhnrc/ndl>
  - 8 Environmental Defense. 2006. Best & worst seafood choices.  
<http://www.oceansalive.org/eat.cfm?subnav=bestandworst>
  - 9 U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition. 2006. Mercury levels in commercial fish and shellfish.  
<http://www.cfsan.fda.gov/~frf/sea-mehg.html>
  - 10 Consumers Union. 2006. Mercury in tuna: New safety concerns.  
[http://www.consumerreports.org/cro/food/tuna-safety/overview/0607\\_tuna\\_ov.htm](http://www.consumerreports.org/cro/food/tuna-safety/overview/0607_tuna_ov.htm)

PI-208

From: gpeg12@comcast.net  
Sent: Monday, November 06, 2006 1:03 AM  
To: WICHQ-SFPD  
Subject: New WIC policy

If you are trying to improve over all breastfeeding the new guidelines may not be beneficial They may help with the exclusive rates but not over all rates. I urge you to look at a third choice of breastfeeding including occasional supplements especially for Moms returning to work.

Peggy Andrews, RN, IBCLC  
President Oregon Wahington Lactation Association

PI-210

From: WebMaster@fns.usda.gov  
Sent: Friday, November 03, 2006 3:20 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

NAME: Queens, Nassau and Suffolk Breastfeeding Alliance  
EMAIL: iherrera@jhmc.org  
CITY: Queens  
STATE: New York  
ORGANIZATION: Queens Nassau and Suffolk Breastfeeding Alliance  
CATEGORY: Other  
OtherCategory: Breastfeeding Coalition  
Date: November 03, 2006  
Time: 03:19:38 PM

COMMENTS:

We support the addition of fruits and vegetable, whole grains and soy products to the WIC food package. The variety of nutrients that the new food package will offer will certainly better fit a wide range of cultures and food preferences.

Our alliance, however, does have a major concern with the new infant food package, in relation to formula issuance during the first month of life. We are concerned that the disparity in the number of cans issue to partially breastfeeding vs nonbreastfeeding infants will discourage WIC participants from enrolling in WIC as breastfeeding mothers and fully disclosing their "real level" of breastfeeding. We suggest that the USDA considers not to issue any formula to all WIC infants during the first month of life with the exemption of dyads for whom breastfeeding is medically contraindicated.

We believe that all WIC dyads should receive help and support to establish breastfeeding therefore we recommend that all WIC moms receive help from a qualified Breastfeeding Counselor (Peer Counselors, Lactation Consultants, IBCLC), from pregnancy and beyond.

We would also like to see the WIC program help every mother receive WIC benefits for as long as they are breastfeeding beyond one year.