



WCD ENTERPRISES, INC. WIC PROGRAM

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October 19, 2006

OCT 18 2006

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

WCD
ISA-1

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

Dear Ms. Daniels:

The WCD WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

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.

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, we 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.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

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

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

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

~~of milk-protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.~~

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for “wheat-free” cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

WCD WIC participants will most certainly benefit from the food package changes. As a SPIRIT partner, the WCD WIC Program welcomes these changes and anxiously looks forward to aligning itself with cutting edge information technology and nutrition science.

The WCD WIC Program recognizes 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.

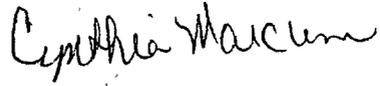
Again, the WCD WIC Program enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers’ Markets, support participant choice, and most 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 USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Marcum".

Cynthia Marcum, RD, LD
Nutrition Services Coordinator

NOV - 3 2006



CHEROKEE NATION

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Chad "Comtassel" Smith
Principal Chief

Joe Grayson, Jr.
Deputy Principal Chief

03-NP

November 3, 2006

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

ISA-3

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

Dear Ms. Daniels,

The Cherokee Nation WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

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, all 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 Change." It follows 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 the 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.

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, we believe that many women will simply choose the formula feed. We recommend that the fully breastfeeding, partially breastfeeding, and fully formula feeding woman's food package changes be implemented concurrently. This will also help in WIC MIS changes, staff training, and development of participant education.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). one can of powdered formula as recommended in the IOM Report. The added option of allowing States to provide one can of powdered formula in the first month may keep some women willing to try breastfeeding. It allows the mother to choose which option is best for her and her situation. States would incorporate their option into their existing breastfeeding policies and procedures.

The proposed rule provides complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding, or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

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

We strongly recommended that the dollar denomination of fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations – such as storage, preparation, and cooking options – is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the

proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation. This could place a hardship on the participant and increased paperwork for the WIC community.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

We recommend the consideration of canned chicken in water be added as an option to go along with the tuna, salmon, and sardines for fully breastfeeding women. Tuna, salmon, and sardines are not widely used by the individuals who receive WIC services in our area. The canned chicken also has a wide variety of uses that would go well with the fruits, vegetables, and whole grains offered by the WIC program.

We recommend that USDA develop an alternative solution to the proposed rounding up methodology for infant formula that allows for consistency in the number of cans of formula provided. The proposed methodology for the State rounding option will result in a mother receiving a different number of cans of formula each month. This could prove confusing for both the mother and the WIC professionals. It could also prove to be an administrative burden in the upgrades to WIC MIS systems, monitoring and training of WIC professionals. Some mothers may view it as discriminatory. The rounding option needs to be simple, straightforward, and easy to administer.

Monies for upgrades to WIC MIS systems need to be made available for States to utilize for the extensive changes to the food delivery portions of the WIC MIS systems.

The Cherokee Nation WIC Program recognizes 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

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, the Cherokee Nation WIC Program enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on State and local WIC 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 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, whole grains, and lower fat dairy products 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.

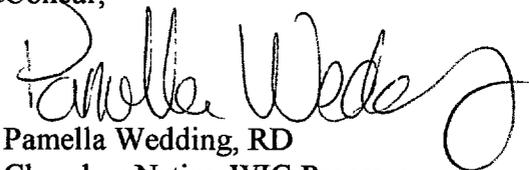
We look forward to working closely with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007 to assure timely implementation of the rule's invaluable changes.

Sincerely,



Brenda Carter,
Cherokee Nation WIC Program
Director

Concur,



Pamella Wedding, RD
Cherokee Nation WIC Program
Nutrition Coordinator

November 6, 2006

NOV - 6 2006

ISA-4

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:

The Eastern Band of Cherokee Indian (EBCI) WIC program is in support of the USDA-FNS 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children (WIC): *Revisions in the WIC Food Packages: Proposed Rule*, with minor recommendations. The current food package desperately needs updating and this proposal represents the most significant change to the food packages in over thirty years. If approved, the changes provide millions of mothers and children with WIC's positive nutritional support. The following highlights the EBCI WIC Program's support and recommendations related to this rule.

Consistent with Current Dietary Science

The proposed rule is based on the latest nutrition science and will give WIC mothers and children the opportunity to follow diets consistent with current nutrient and food intake recommendations. It will also provide WIC nutrition education professionals the appropriate tools to reinforce WIC nutrition education messages.

The proposed rule supports exclusive breastfeeding for the first six months and is consistent with the dietary guidance from the American Academy of Pediatrics for children under two years of age. The elimination of fruit juice for infants, the decrease in fruit/vegetable juice for children, and the addition of complementary foods for infants starting at six months of age are in alignment with the recommendations of the American Academy of Pediatrics.

The proposed food packages are consistent with the *2005 Dietary Guidelines for Americans* by providing fruits and vegetables for participants 6 months of age and older, milk and cheese in reduced quantities, and other food items with reduced fat content.

The proposed amount of milk offered in most of the food packages closely follows the *Dietary Guidelines* recommendation for daily milk intakes. While the proposed food packages for all women provide slightly less than the recommended amount of milk, the amounts of calcium offered in these food packages still exceed the Adequate Intake (AI) for this nutrient for all but approximately 2% of this population.

The proposed rule calls for the use of low fat milk in replacement for whole milk. This modification would lower the total saturated fat and cholesterol content of the food packages.

The proposed rule is also consistent with the *Dietary Guidelines* recommendation to replace refined grains in the diet with whole grains. Consumption of whole grains is associated with 1). reducing the risk of coronary heart disease, type 2 diabetes, and digestive system and hormone-related cancers, 2). assisting in maintaining a healthy weight status, and 3). increasing dietary fiber.

Appeal to Culturally Diverse Populations

Studies show that lactose maldigestion and low cultural acceptability have been associated with low consumption of dairy products among African American and Asian WIC participants. The proposed rule includes a wider variety of foods to increase cultural acceptability and intake of nutrients by offering fortified soy milk and tofu as alternative sources of calcium and vitamin D, canned salmon or sardines as an alternative to canned light tuna, and canned beans as a dried legume alternative.

The variety of whole grain choices proposed addresses the nutritional needs and preferences of the culturally diverse WIC population. These include iron-fortified whole-grain cereals, whole grain breads, and other whole grain foods such as brown rice, soft-corn tortillas and bulgur.

Recommendations for Changes to the Proposed Rule

The EBCI WIC Program urges the following modifications to the proposed rule to better accommodate the needs of WIC mothers and children and address the concerns of the WIC community.

Alternative Dairy Products

- *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. We recommend that the specifications for protein and potassium in calcium-fortified soy beverages follow the FDA and industry standards for protein at 6.25 grams minimum and for potassium at 250 milligrams per 8 ounce serving
- *Waive the medical documentation requirement for children to receive soy beverages.* The consumption of soy beverage for children can be a cultural/personal preference as well as a medical necessity. Since State policies and procedures for services and follow-up to medically diagnosed conditions will continue to be in place, this proposed rule will place an undue burden on State systems and delay access to an important calcium source for WIC children.

Breastfeeding Women and Infants

- *Provide an additional \$2 to the fruit and vegetable vouchers for the fully breastfeeding woman's food package in order to bring the cash-value vouchers to the original IOM recommended amount of \$10 per month.* The increased dollar amount would provide an additional incentive for women to breastfeed while maintaining WIC food package cost neutrality.
- *Implement the proposed rule for the fully breastfeeding, partially breastfeeding, and fully formula feeding packages concurrently without the pilot phase.* The concept of a test period for introducing the partially breastfeeding food packages may seem reasonable, but the delay in implementation, which would be over three years, is unacceptable. Without full implementation, the proposal to delay would only provide a disincentive for women to breastfeed.
- *Give States 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.* States would incorporate their option into their existing breastfeeding policies and procedures. Criteria for issuance should be based on participant need determined by individual States. An evaluation of the impact of these options on a mother's decision to breastfeed will allow USDA to determine an appropriate future course of action.

Fruits and Vegetables

- In addition to the recommendation to increase the dollar amount of cash-value food instruments for fruits and vegetables to \$10 for fully breastfeeding women, USDA should seek additional funding in its future budget requests to allow for full implementation of the IOM recommendation of \$10 cash-value instruments for all women and \$8 for children. Cutting corners with the fruit and vegetable cash-value instruments will lead to reduced health benefits for WIC mothers and children. WIC's success has been in saving long-term healthcare costs. Making this modest investment will assure healthcare savings in the future.
- Allow inflation adjustments to be made so that the value of the newly proposed fruit and vegetable benefit is maintained relative to other food items. Over the years, the WIC food package costs have increased due to inflation. To disallow the same treatment for the fruit and vegetable vouchers will cause the fruit and vegetable benefit to erode over time.
- Allow State agencies to determine the dollar denomination on the cash-value food instruments so that States can cost-effectively implement these changes within their individual participant and infrastructure environments. It is essential that state agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

- Allow States, through their retail store authorization procedures, to specify the minimum stocking requirements for fruits and vegetables. This will give States the ability to work with local grocers to provide the maximum number and variety of fruits and vegetables that are locally accessible, culturally appropriate and affordable. Setting the minimum stocking level arbitrarily at two will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables WIC clients purchased as demonstrated in the three highly successful pilot projects conducted recently in California and New York.
- Allow States to utilize existing Farmers' Market Nutrition Program vendor certification and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program. The EBCI WIC Program supports the option of authorizing Farmers' Markets as a choice for participants to redeem their cash-value food instruments for fresh fruits and vegetables. The proposed rule requirements would make this option impossible to implement for the following reasons:
 - Farmers' Markets do not meet the existing federal selection criteria with regards to the variety and quantity of foods that must be stocked.
 - Farmers generally do not sell from fixed sites and mobile stores are allowed only for the purpose of meeting special needs as described in each State agency's State Plan.
 - Farmers would be held to current monitoring and auditing requirements.
- Allow States to utilize systems already in place would provide the flexibility needed by both farmers and States to make this unique model a workable option.

Whole Grains and Whole Grain Breakfast Cereals

- Maintain the proposed criteria for breakfast cereals (iron, sugar and whole grain) and allow States the flexibility to make appropriate substitutions to accommodate individual participant needs based on a documented medical condition. The proposed criteria for whole grain breakfast cereals eliminate single-grain corn and rice cereals from the eligible list of cereals. Participants with special conditions, such as allergy to wheat or gluten-intolerant, will be limited in breakfast cereal choices. We recommend that in cases when a participant presents with a medical diagnosis warranting a "wheat-free" cereal, that a special package be issued that includes cereals that meet the iron and sugar criteria.

Categorical Tailoring and Substitution Requests

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

Rounding Up of Formula

- The EBCI WIC Program recommends that USDA develop an alternative solution to the proposed rounding up methodology for infant formula that allows for consistency in the number of cans of formula provided. The proposed methodology for the State rounding option will result in a mother receiving a different number of cans of formula each month. This could prove confusing and be viewed as discriminatory by WIC mothers.

Implementation

- Given the complexity of the proposed rule and the current state of MIS and other infrastructure systems, we strongly recommend the implementation timelines be expanded beyond the 1 year suggested timeframe to provide States the much needed time to address MIS, infrastructure, banking and vendor contract changes.

In summary, the EBCI WIC Program commends USDA for the release of the proposed rule making major changes to the WIC food packages. This proposed rule makes the WIC food packages consistent with the *2005 Dietary Guidelines for Americans* and is a major step forward to improve the overall nutritional health and well-being of WIC mothers and children.

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.

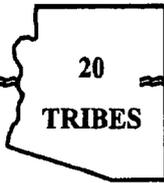
WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of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

We would like to urge publication of a final rule by the spring of 2007 to assure timely implementation of the rule's invaluable changes.

Sincerely,

Jessica Bryant
Manager
EBCI WIC Program

ISA-7



INTER TRIBAL COUNCIL of ARIZONA, INC.

October 27, 2006

MEMBER TRIBES
 AK-CHIN INDIAN COMMUNITY
 COCOPAH TRIBE
 COLORADO RIVER INDIAN TRIBES
 FORT McDOWELL YAVAPAI NATION
 FORT MOJAVE TRIBE
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 SALT RIVER PIMA-MARICOPA
 INDIAN COMMUNITY
 SAN CARLOS APACHE TRIBE
 TOHONO O'ODHAM NATION
 TONTO APACHE TRIBE
 WHITE MOUNTAIN APACHE TRIBE
 YAVAPAI APACHE NATION
 YAVAPAI PRESCOTT INDIAN TRIBE

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

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

Dear Ms. Daniels:

The Inter Tribal Council of Arizona, Inc. strongly supports the USDA proposed rule on the WIC Food Packages published in the Federal Register on August 7, 2006. The proposed revisions are more closely aligned with current dietary guidelines and support the current infant feeding guidelines of the American Academy of Pediatrics. They also strongly support successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices and allow state agencies some flexibility in offering food packages that accommodate participants' cultural food preferences.

There are a few items in the proposed rule that ITCA feels would not be in the best interest of the WIC clients or the program.

- ITCA does not support the recommendation to pilot test the food package for the partially breastfeeding woman and infant at select agencies prior to implementation nationwide. It will be administratively and technologically burdensome to change the food packages for most, but not all categories. In addition, it will be confusing for staff and clients as well as a disincentive to breastfeed since the women will not be receiving the fruits and vegetables or other cultural alternatives that the non-breastfeeding women are receiving. ITCA recommends that all the food package changes for all categories be implemented concurrently.
- ITCA urges USDA to consider providing the fully breastfeeding woman \$10 in fruits and vegetables as recommended by the IOM. This would provide further incentive and support for breastfeeding.
- ITCA recommends that USDA adopt the Farmers' Market rules for using the fruit and vegetable checks to allow clients to pay the cost difference in cash if their fruit and vegetable selections go over the dollar amount on their

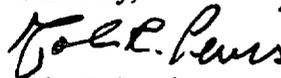
check. This will simplify the checkout procedure for both the vendors and clients and will allow clients to receive the maximum benefit from their checks.

- ITCA supports allowing fruit and vegetable checks to be redeemed at Farmers' Markets to promote consumption of a variety of locally grown fruits and vegetables and to support local farmers. ITCA recommends USDA clarify that Farmers' Markets not be subject to the same minimum stock requirements for other WIC authorized foods as other vendors.
- The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. Since there are currently no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards, ITCA recommends that the levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving be used as alternative minimum standards.
- ITCA urges USDA to allow children to receive soy products without the requirement of medical documentation. Requiring this documentation is time consuming and costly for both the WIC program and the health care providers. It is also burdensome for WIC clients to obtain this documentation prior to receiving their food package.
- ITCA supports allowing tortillas as an alternative to the whole grains allowed since the population served by ITCA would find tortillas more culturally acceptable than the other whole grain choices. However, ITCA questions whether whole grain flour tortillas without added fat are available in the marketplace. Flour tortillas are a low fat food (20% calories from fat) even with the added fat required for a palatable product and have a comparable % of fat calories as whole grain bread (12-16%). Therefore, ITCA recommends that the no added fat requirement for tortillas be removed from the rule. It is a disservice to WIC clients to authorize foods with such stringent requirements that they do not exist in the marketplace.

ITCA understands that implementing the proposed rule will require extensive administrative time and resources, however the benefits of implementing these changes will far outweigh the effort expended in their implementation. ITCA and its local agencies are very excited to implement these changes and eagerly anticipate the release of a final rule.

ITCA looks forward to working closely with USDA to fully implement the proposed rule and urges that USDA finalize the rule no later than the spring of 2007.

Sincerely,



John R. Lewis
Executive Director

20-nf



**THE
NAVAJO
NATION**

P.O. Box 9000 • WINDOW ROCK, ARIZONA • 86515

NOV - 3 2006

PRESIDENT
JOL SHIRLEY, JR.
VICE PRESIDENT
FRANK J. DAYISH, JR.

November 3, 2006

WIC-CTRL-07-750

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

ISA-8

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

Dear Ms Daniels:

The Navajo Nation WIC Nutrition Program enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006

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 American*, 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 nutrition needs of our nation's most vulnerable women, infants and children.

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 we believe that many women will simply choose to formula feed. We recommend that the full breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

We would also suggest that States be given the option to provide the breastfeeding infant in the first month, with 1). no formula, or 2). one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

We also suggest dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. The soy beverage option will prove to be particularly beneficial to our many WIC participants who suffer the medical consequences of lactose maldigestion. We are concerned that there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Therefore, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the *2005 Dietary Guidelines for Americans* which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

The Navajo Nation WIC Nutrition Program recognizes that implementing the proposed rule will require good planning and effective communication with and this in mind we believe that we need more than the proposed one year for complete implementation of the proposed changes. We recommend the USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe from the date of publication of the final rule.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population and will better suit the needs of our Navajo clients. They will assist us in our on-going efforts to 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 USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

A handwritten signature in cursive script that reads "Adele R. King".

Adele R. King, Director
Navajo Nation WIC Nutrition Program