

SAS-1

From: WebMaster@fns.usda.gov
Sent: Tuesday, August 08, 2006 9:16 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Amee L. Woodard, RD
EMAIL: amee.woodard@state.de.us
CITY: Newark
STATE: DE
ORGANIZATION: Delaware WIC Program
CATEGORY: SASstaff
OtherCategory:
Date: August 08, 2006
Time: 09:16:28 AM

COMMENTS:

As a WIC nutritionist, I wholeheartedly support the addition of soy milk, baby foods, and whole grains; our clients have been asking about these things for quite a while! The decrease in amounts of milk and eggs should not present a problem if this change is balanced with the addition of fresh fruit and vegetables.

I believe that postponing the start of formula until one month of age will help to encourage breastfeeding, but I worry that a decrease in the amount of formula provided to partially breastfeeding mothers will cause many of them to change their status to "not breastfeeding" in order to get more formula.

I believe an increase in the amount of fish for breastfeeding women will cause concern due to the recent warnings about mercury content, but WIC staff can reassure them that tuna and salmon are safe.

Overall, I think the proposed changes will make a great improvement to the program, though there may be a period of adjustment that is difficult for staff and clients.

SAS-3

From: WebMaster@fns.usda.gov
Sent: Tuesday, August 15, 2006 10:16 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Peggy Lewis
EMAIL: margaret.t.lewis@state.tn.us
CITY: Nashville
STATE: TN
ORGANIZATION: TN Department of Health
CATEGORY: SASstaff
OtherCategory:
Date: August 15, 2006
Time: 10:15:48 AM

COMMENTS:

Ms. Daniels, I wholeheartedly support the proposed rule to revise the WIC food package to bring it in line with Dietary Guidelines and promote better food choices for WIC participants. Thank you for all the work that has brought this proposed rule forward.

SAS-4

From: Magie, Karla (DHS-PCFH-WIC-NETS) [KMagie@dhs.ca.gov]

Sent: Tuesday, October 03, 2006 5:28 PM

To: WICHQ-SFPD

Subject: Most important

I am writing to ask that soy milk and increased access to fruits and vegetables be part of the WIC package changes.

As a WIC dietitian, I receive several requests for soy milk for children who are not able to drink cow-based milks.

Furthermore, based on current research, hunger and food insecurity is linked with inadequate intake of fruits and vegetables.

Making these foods readily available through WIC is a must.

Thank you for giving this request your consideration.

Karla Magie, MPH, RD
Food Package Policy Unit
California WIC Nutrition Program
(916) 928-8652 (office)
(916) 207-2301 (cell)
kmagie@dhs.ca.gov

SAS-5

From: Kennedy, Kathy (DHS-WIC) [KKennedy@dhs.ca.gov]
Sent: Tuesday, October 03, 2006 6:48 PM
To: WICHQ-SFPD
Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule."

I am in favor of the new proposed food package. The money spent on the new package will be very well spent on people who need it.

Kathy Kennedy Mason, MPH, RD
Nutrition Education Unit

Sacramento, CA
phone (916)928-8744
fax (916)928-0518
kkennedy@dhs.ca.gov

SAS-6

From: WebMaster@fns.usda.gov
Sent: Wednesday, October 04, 2006 1:49 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule'

NAME: Denay Mintz
EMAIL: DMintz@dhs.ca.gov
CITY: Sacramento
STATE: California
ORGANIZATION: The California State WIC Branch
CATEGORY: WICSASStaff
OtherCategory:
Date: October 04, 2006
Time: 01:48:55 PM

COMMENTS:

I think the new proposed food package is excellent! Give the participants more options with the benefit of healthier foods. Adding fruits and vegetables will keep our participants coming back and help with caseload growth. It will also help with obesity in the children with a more variety of healthier foods to choose from.

NOV - 3 2006

STATE OF COLORADO

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Dennis E. Ellis, Executive Director

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Colorado Department
of Public Health
and Environment

November 3, 2006

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

SAS-8

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

Dear Ms. Daniels:

As a Nutrition Consultant with the Colorado WIC Program, I strongly and enthusiastically support changes to the WIC Food Packages with the following considerations:

1. Milk & milk substitutions

- Allow the full soymilk substitution for children, as a preference, without requiring medical documentation.
- Allow substitution of tofu for children without requiring medical documentation.
- Modify the requirements for minimum standards for soymilk to 6.25 gm protein and 250 milligrams potassium per 8-ounce serving. Currently there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards.

2. Cereals

- In order to accommodate the medical needs of certain participants, allow states to add "wheat-free" or "gluten-free" cereals (i.e., puffed rice) instead of requiring all cereals to be at least 51% whole grain.

3. Whole Grains

- Change both children's and women's packages to allow 1½ pounds (24 ounces) of whole grains in order to obtain amounts that are closer to current packaging sizes. A 2-pound amount for children seems excessive.

4. Fruits & Vegetables

- Allow states to determine if participant will be allowed to pay any additional cost over the value of the fruit and vegetable check. This provides more flexibility for participants, and allows them the full benefit of the check.

5. Juice

- The amount for children is not easily divisible by current packaging. Either:
 - ▶ Increase to 144 fl oz (3 12-oz cans) -or-
 - ▶ Decrease to 96 fl oz (2 12-oz cans) -or-
 - ▶ Allow states to categorically tailor the amount

6. Infant food – fruits, vegetables & meat

- Eliminate jars of baby food and replace with foods parents can prepare into age-appropriate baby food.
 - ▶ Providing meat to breastfed babies presents a negative image that breast milk is not adequate and that breastfed babies need meat to be as healthy as formula-fed babies.
 - ▶ Providing twice as much baby fruit and vegetables presents a negative image that breast milk is not as nourishing for babies as formula, therefore they need extra food.
 - ▶ Providing commercially prepared baby foods undermines nutrition education efforts to teach parents how to prepare baby food, and to progressively advance the infant to table foods.
 - ▶ Commercially prepared baby foods do not teach economical shopping principles – which, by example, the food package is intended to teach. This is contrary to the nutrition education principles taught by WIC.
 - ▶ Providing commercially prepared baby foods implies that WIC endorses these foods and believes them to be best for their baby. Parents may easily become overly reliant on using these products and won't learn how to economically and nutritiously prepare food for their infants and children.
 - ▶ A vegetarian substitute for baby meats is needed for participants who do not or cannot eat meat.
 - ▶ The environmental impact of up to 95 little glass jars per month per infant is a big concern. This seems contrary to what should be a part of participant education and to the message WIC wants to give participants.
 - ▶ Many babies will not consume 95 jars of baby food per month and thus creates a potential for fraud and/or wastage. Excessive jars of baby foods may tempt parents to sell or give them away.
 - ▶ Offering commercially prepared baby foods doesn't provide any benefit or incentive to parents who currently make their own baby food
- Suggestion: Instead of offering jarred baby food, consider offering age-appropriate infant foods such as yogurt, cottage cheese, cheese, canned unsweetened applesauce or other fruits, fresh bananas, unsalted canned or frozen vegetables.

7. Infant formula & medical foods

- Allow “rounding up” as a State option instead of a requirement for infant formula.
- Allow “rounding up” for exempt infant formulas and WIC-eligible medical foods, to allow for maximum formula issuance within various package sizes.
- In first month of life for partially breastfed infants, allow states to offer either:
 - ▶ No formula
 - ▶ Formula if medically indicated (i.e., PKU, premature, reflux, etc.)
 - ▶ One can powdered formula

8. Flexibility for individual States critical. States need to be allowed:

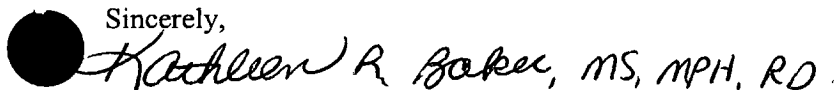
- Flexibility in categorically tailoring food packages
- Flexibility in determining whether or not to “round-up” formula or foods
- Flexibility in determining whether or not to implement the 1½ food packages for women breastfeeding multiples, or implement issuance of food package VII (exclusively breastfeeding women) to women pregnant with multiples or women partially breastfeeding multiples
- Flexibility in determining whether or not to allow substitution of 36 oz peanut butter for 1 pound beans and 18 oz peanut butter
- Ability to request substitutions for food packages as currently allowed. Even though the proposed food packages currently provide greater consistency with the Dietary Guidelines for Americans, and allow for cultural preferences, we cannot be certain that there never will be a time when other food items need to be considered.

9. Time frame for implementation

- Allow states up to 24 months to implement new food package regulation.

Thank you for your consideration of the above items.

Sincerely,



Kathleen R. Baker, M.S., M.P.H., R.D.
Nutrition Consultant, Colorado WIC Program

NOV - 3 2006

Michelle Lujan Grisham
Secretary

NEW MEXICO
DEPARTMENT OF
HEALTH

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Bill Richardson Governor

Jessica Sutin
Deputy Secretary
Kristine Suozzi
Division Director

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

SAS-10

Dear Ms. Daniels;

As the State of New Mexico WIC Program Breastfeeding Coordinator I strongly support the USDA proposed rule issued August 7, 2006 for revisions in the WIC Food Packages. In particular, I strongly support the changes in the food packages for breastfeeding women and infants. Thank you for the opportunity to provide comments.

I am excited that the recommendations from the Institute of Medicine's (IOM) report, *WIC Food Packages: Time for a Change* are reflected in the proposed rule so as to provide additional incentives for fully breastfeeding women and their infants. These changes aligned with current infant feeding guidelines of the American Academy of Pediatrics support the establishment and continuation of long-term breastfeeding.

The New Mexico WIC Program supports full breastfeeding the first six months and aims to provide intensive support for prenatal/breastfeeding mothers with our breastfeeding peer counselor program as well as through our established pregnant/breastfeeding education protocols in WIC clinics throughout our state.

All of us in the New Mexico breastfeeding community look forward to working closely with USDA in fully implementing the proposed rule and urge finalization of the rule by no later than the Spring of 2007. With that in mind we do not support the USDA recommendation to pilot test the food package for the partially breastfeeding woman but rather implementing the packages for the fully and partially breastfeeding woman and the fully formula feeding woman at the same time.

I would also support the IOM recommendation that state agencies have the option for determining the issuance of infant formula the first month of life from no formula to one can being issued in special circumstances.

I also support the following proposed changes:

The limits set for the amount of formula that would be provided partially breastfed infants after the first month;

The addition of infant food fruits and vegetables at six months of age in varying amounts for infants fully or partially breastfed or fully formula fed; and including infant meats for the fully breastfed babies;

For fully and partially breastfeeding mothers, the changes and enhancements including;

The reduction of cheese and milk with lower fat milks;

The addition of soy milk and calcium-set tofu as an option and alternative to those who can not tolerate the protein and/or lactose in milk or who, for cultural reasons, prefer soy products without requiring medical documentation for these options which creates increased administrative burdens for clinic staff and delays in benefits for participants;

The additional fish and fish options for breastfeeding women, with increased education about the mercury content in tuna;

The increase in the amounts and choices for beans and peanut butter, beans without added sugar or flavorings;

The addition of grain products and the variety of choices; and

The addition of fresh fruits and vegetables at a \$10.00 not \$8.00 level for fully breastfeeding women to be a benefit that does not impact the WIC Farmers' Market Nutrition Program, a program that promotes locally grown produce; sustains the local and small farmer and provides nutrition educational opportunities for WIC participants.

Thank you in putting forward these proposed changes that support and promote exclusive breastfeeding. I look forward to the publication of the final rule and quickly implementing these changes for our families.

Sincerely,



Sharon Giles-Pullen
Breastfeeding Coordinator
New Mexico WIC Program
2040 S. Pacheco St., Suite 152
Santa Fe, NM 87505
505-476-8812

Cc: Sid Golden, NM WIC Director
Deanna Torres, NM Deputy WIC Director



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NOV - 6 2006

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VICE PRESIDENT
FRANK J. DAYISH, JR.

November 6, 2006

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

SAS-12

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

Dear Ms. Daniels:

As the Nutrition Coordinator for the Navajo Nation WIC Nutrition Program I strongly support the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. I do have a few suggestions that I have included below.

The proposed food packages will better serve the needs of our Navajo clients, who comprise over 95% of our caseload. Low intake of fruits and vegetables, high intake of fat, and lactose intolerance are three of the most prevalent nutrition related problems among our WIC clients. The proposed food package will meet the needs of our target population, as well as provide WIC professionals and paraprofessionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

As you are aware, initiation of breastfeeding is quite high on the Navajo Reservation, however duration still remains to be a problem. The proposed changes will assist us in our on-going efforts to promote and support exclusive breastfeeding. *I do not support* the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package I believe that many women will simply choose to formula feed. I recommend that the full breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently. *I also recommend* that all breastfeeding (i.e. fully and partially breastfeeding) women be eligible to receive breasts pumps, when indicated, up to the infant's first birthday.

I 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 the option chosen into their existing breastfeeding policies and procedures. *I also suggest* 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. *If additional funds were to become available, I would suggest* that all women receive the \$10 amount for fruits and vegetables.

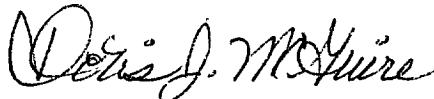
The addition of soy products to the food package will address the frequent requests for soy milk by our clients with lactose intolerance/mal-digestion. *I would suggest* that children be able to receive soy products *without* the requirement of medical documentation. We generally suggest lactose-reduced milk when symptoms of lactose intolerance are reported by the caregiver of a child, however we would like to be able to offer soy milk when indicated. Requiring medical documentation for children, with the transportation problems our clients experience and the difficulty of getting seen in a timely manner at Indian Health Services, would create a major obstacle for the caregivers.

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, *I support* the IOM recommendation to allow States to make substitutions for "wheat/gluten-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

WIC is our nation's premier public health nutrition program. I look forward to better meeting the nutritional needs of our Navajo Nation WIC clients with the addition of fruits and vegetables, lower fat dairy products, whole grains, canned beans and soy milk to the WIC food package.

Having worked for over twenty years in the WIC community and since 1999 in the campaign to implement WIC food package changes, I urge finalization of the rule no later than the spring of 2007. I would certainly like these changes to become a reality before I retire!

Sincerely,



Doris J. McGuire, MS, RD
Nutrition Coordinator
Navajo Nation WIC Nutrition Program

SAS-19

NAME: Bonita Alexander
EMAIL: balexan@vdh.state.vt.us
CITY: Barre
STATE: VT
ORGANIZATION: Vermont Department of Health
CATEGORY: WICSStaff
OtherCategory:
Date: October 11, 2006
Time: 03:05:49 PM

COMMENTS:

The proposed changes to the WIC foo packages appear to be more in line with what we, as nutritionists tell our clients. With the increase in obesity in both adults and children, limiting juices and providing low fat milk is well over due. I welcome the changes. Thank you

SAS-20

From: WebMaster@fns.usda.gov
Sent: Tuesday, October 10, 2006 8:49 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Debra L George
EMAIL: dgeorge@dhs.ca.gov
CITY: Sacramento
STATE: California
ORGANIZATION: Women, Infants and Childrens Supplemental Nutrition Program
CATEGORY: Other
OtherCategory: BOTH WIC State Agency Staff & WIC Participant
Date: October 10, 2006
Time: 08:49:19 PM

COMMENTS:

I strongly commend you for adding fresh fruits and vegetables and whole grains to most WIC food packages, as well as the addition of infant foods. Bravo! I also support the expansion of the Farmers Markets cash value vouchers.

HOWEVER, as a WIC Participant raised in Wisconsin, I am VERY disappointed regarding the changes for Milk. I have a 7-month old son and a 4-year-old daughter. I was raised on whole, natural, UNpasteurized and UNhomogenized cow milk from the FARM. My daughter is a BIG milk drinker and will drink ONLY whole milk, like myself. Reduced fat and 2% milk both taste like milk-flavored water to us.

PLEASE, I strongly encourage you to allow a substitution of whole milk for participants such as ourselves who would rather drink whole milk or go without.

November 6, 2006

NOV - 6 2006

SAS-13

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

Dear Ms. Daniels;

As the current State of New Mexico WIC Nutrition Education Coordinator and former WIC Director of the Five Sandoval Indian Pueblos, Inc., and former WIC Nutrition Education and Breastfeeding Coordinator of the Eight Northern Indian Pueblos Council and of the Pueblo of San Felipe WIC Program I strongly support the USDA proposed rule issued August 7, 2006 for revisions in the WIC Food Packages. The changes will improve the nutritional quality of the food packages and will reflect the nutrition education messages that I know I, and many of my colleagues, have been advocating for the last 25-30 years.

In particular I support switching to reduced and encouraging low and no-fat milk for children two (2) years of age and older and for women in all categories as well as reducing the amounts of milk and cheese. Offering soy products is very much welcome as an option and alternative to our many lactose-intolerant participants. However, please reconsider requiring medical documentation for these products which would only add to the complexity of administering benefits.

I strongly support the addition of fruits, vegetables and grain products to the food packages to increase variety and greater range of nutrients. I would still want to continue the WIC Farmers' Market Nutrition Program because of the importance of supporting and sustaining our small, local farmers and for the opportunities these venues provide for food and nutrition education.

I also support the addition of baby foods to the infants' food packages. This request is probably the most frequent one I heard from young mothers during my WIC certification clinics. The incentives for breastfeeding mothers and their babies should strengthen the breastfeeding promotion that we have worked on for so many years.

These changes being proposed will improve WIC as the outstanding public health nutrition program it has been and will continue to be for the very precious population it serves. I urge USDA to publish the final rule promptly in the Spring of 2007 so these food package changes can be realized sooner rather than later for WIC mothers, children and babies.

Sincerely,

A handwritten signature in cursive script that reads "Carol Rose".

Carol Rose, R.D.

Nutrition Education Coordinator, Acting

NOV - 6 2006

SAS-14

November 6, 2006

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

Dear Ms. Daniels:

I am writing to support USDA's proposed new WIC food packages rule that was published in the Federal Register on August 7, 2006, with minor recommendations. Overall, this proposed rule on WIC food packages will improve the nutritional quality of the foods offered, expand cultural food options, and increase choices for the women, infants and children in the WIC program.

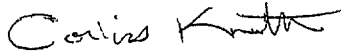
To ensure that WIC participants can get the full value from the new WIC food packages, I offer the following recommendations and/or comments on the proposed rule:

- Modify the requirements for minimum standards for soymilk to 6.25 grams protein and 250 milligrams potassium per 8 ounce serving.
- Waive the medical documentation requirement for children to receive soy beverages, but to allow state agencies the option to change policy to require medical documentation, if need be, to control costs.
- Allow states to be given the option to provide the breastfeeding infant, in the first month, with supplemental formula at the WIC CPA's discretion after one-on-one visit with the breastfeeding mother. I do understand the need for increased breastfeeding among our participants, however I have concerns that our breastfeeding statistics will drop possibly if no formula can be given in that first month. At minimum, I suggest that states be given the option to provide the breastfeeding infant, in the first month, with one can of powdered formula as recommended in the Institute of Medicine Report. Also, to allow states to offer formula if medically indicated.
- Increase the fruit and vegetable benefit by \$2 to fully meet the recommendations of the Institute of Medicine for women and children in WIC.
- In order to accommodate the medical needs of certain participants, I support the Institute of Medicine's recommendation to allow states to make substitutions for "wheat free" cereals based on a medical prescription and recommend inclusion of such a provision in the final rule.
- States need to have the option to categorically tailor or propose food substitutions.
- Allow option of 2% milk or other milk choice for 1-2 year old children, as an exception, with medical documentation.
- Question?-on page 44795, the table "Exhibit G" has 3 columns regarding different formulas. I received an email with the correction that Mead Johnson's Enfamil Lipil should be added to the first column of the table. My question is-shouldn't Ross' Similac Advance be the heading of the second column? -(the previous page explains that the rounded up total would be 34 (12.9 oz) cans of Similac Advance.)

- The proposed amounts for juice are not easily divisible by current packaging.
- May need longer implementation time than what is proposed to make all changes, MIS systems, policies, etc.

Thank you for this opportunity to share my support and comments in regards to the WIC Food Packages-Proposed Rule.

Sincerely,



Corliss Knuth
Nutrition Coordinator
Standing Rock Sioux Tribe WIC Program

NOV 06 2006

STATE OF COLORADO

Bill Owens, Governor
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Colorado Department
of Public Health
and Environment

October 27, 2006

SAS-15

USDA, Food and Nutrition Service
3101 Park Center Drive, Room 528
Alexandria, VA 22302

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

Thank you for all of your hard work and dedication in developing food packages to better suit the health needs of WIC participants. I can only imagine how many years it has taken to get to this point of development! It has been a long time in the making and your hard work has paid off. The proposed food packages are noteworthy in so many ways and make significant strides in providing a healthier message when addressing one of the greatest public health concerns—obesity. In my letter, however, I will only be addressing how the new food packages could be adjusted to provide the best nutritional model.

With regard to infant foods:

Suggestion: *Eliminate all jars of baby food and provide foods parents can prepare into age appropriate baby foods.*

Rational:

- Providing commercially prepared baby foods undermines the nutrition education efforts of preparing homemade baby food. Offering commercially prepared foods gives the impression WIC endorses these foods and believes them to be best for their baby. At the local level we believe and teach clients home prepared foods are cheaper, healthier, and more environmentally friendly. After years of sharing this information with parents I have found parents develop a great sense of self-sufficiency when they prepare their own foods. When offering commercially prepared foods, parents will be less motivated to make their own.
- Commercially prepared baby foods do not teach economical shopping principles. Parents offering commercially prepared baby foods for the infants first year of life may be more inclined to purchase the next stage foods as well. Further enforcing less self-reliant practices and not progressively advancing the infant to table foods.
- Approximately 665 glass jars per WIC infant has huge negative environmental impacts.
- Many babies will not consume 95 jars of baby food per month. Excessive jars of baby foods may tempt parents to sell or give jars away.
- Offering commercially prepared foods does not provide a benefit or incentive to parents who currently make their own baby food.

Summary:

- Instead of offering commercially prepared baby foods to all infants, consider offering age-appropriate infant foods such as: yogurt, cottage cheese, cheese, fresh, frozen, or unsalted canned fruits or vegetables, e.g., jarred unsweetened applesauce, fresh bananas, avocados, green beans.
- *WIC should not provide commercially-prepared foods that undermine efforts of homemade baby foods—the best option for most all families. "Give a man a fish and he will eat for a day Teach him how to fish and he will eat for a lifetime."*

Page two

Suggestion: *If additional supplemental foods were intended to be a reward to the exclusively breastfeeding dyad, provide additional foods for the mother not the infant.*

Rational:

- Providing twice as much baby fruit and vegetables presents a negative image that breast milk is not as nourishing for babies as formula, therefore, they need extra food.
- Providing meat to breastfed babies presents a negative image that breast milk is not adequate and that breastfed babies need meat to be as healthy as formula-fed babies. Current WIC-approved infant cereals are fortified with iron and zinc to supplement the breastfed infants diet.
- If commercially-prepared meats are included, a vegetarian substitute for baby meats is needed for participants who do not or cannot eat meat.

With regard to formula issuance:

Suggestion: *Allow individual States the flexibility to adjust formula issuance based on partially breastfed infants.*

Rational:

- Not allowing any formula issuance under any circumstance will discourage many women from reporting their partially breastfeeding status. In many circumstances a partially breastfeeding mother may need to supplement while she pumps to build her supply or increase the calories of breast milk with formula. In an attempt to best meet the needs and requests of the partially breastfeeding dyad, in the first month of life, allow states the following issuing options:
 - No formula
 - Formula when medically indicated (i.e., prematurity, FTT, etc.)
 - One can of powdered formula/first month of life

With regard to fruits and vegetables:

Suggestion: *Allow states to determine if participants will be allowed to pay the difference.*

Rational:

- Participants will purchase as many fruits and vegetables as possible when they are allowed to use the entire monetary value of a check. There is also the potential they will buy more fruit and vegetables than the value of the check—paying the difference themselves—increasing the opportunity to eat more fruits and vegetables than they would have previously.

Thank you for your consideration of the above mentioned adjustments to the proposed WIC food package changes.

Sincerely,



Jennifer Spude, R.D.
Nutrition Consultant
Colorado WIC Program

db

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

NOV 06 2008

SAS-16

Dear Ms. Patricia Daniels,

Congratulations for proposing a change that has been needed for the past twenty years! In 1993 I took a part-time position with the NM State WIC Office Farmer's Market program for a year. It was exciting to see the clients and farmer's respond in such a positive manner. In 1995 I took a full time Clinic Nutritionist and supervisory position for one year. I never thought I could honestly work as a nutritionist for WIC because the food package was not up to nutritional standards that were currently espoused by the government's Dietary Guidelines for Americans. However I wasn't actually involved with the client's receipt of the food so the disconnect was somewhat possible to grapple with for a limited period of time. In 2004 I took a contract nutrition position with Santo Domingo Tribe in their WIC clinic, where they had been without a nutritionist for two years. We offer direct distribution to our clients. We took the current package and made it as "healthy" as possible so that the nutrition message I gave was as congruent as possible with what the food package contained. We currently offer 1% milk for all children 2-5 years, and women, and cereals with less than 6gm sugar. We do not offer artificially sweetened cereals, or chocolate cereals. The mom's and grandmother's had more difficulty with the changes than the children. Milk samplings showed many that taste was visual! Yes there is still a disconnect between the nutrition education and the food package and if there wasn't a new food package on the near horizon I wouldn't still be working here. Choice is what is needed without being influenced by the dairy industry or other food lobbying groups. One size does not fit all when it comes to nutrition and government food programs need to be flexible to fill individual needs.

For me to continue working for WIC I need to see the proposed new food package approved and implemented without any further delay. Although the changes you are proposing are fabulous and I want to see the IOM version of the proposed packages go through, I personally think they don't go far enough in promoting health for our clients. I read the IOM document specifically looking for a definition of whole grain. Whole grain to me is just that a whole grain. Anything else is partially a whole grain and a way for the food industry to continue to confuse the general population. 51% is a step in the right direction but does not in my opinion constitute a whole grain or a significant increase in dietary fiber. After no changes for so long, we need to be taking leaps, not baby steps! I would propose at least 75% whole grain to really offer our clients the health benefits of whole grain fiber.

I am dismayed by your exclusion of yogurt, and your justification for deleting it from the proposal. I believe you are failing the client with your proposal for calcium sources and justifications, and effectively constitutes no change for the Native American population. Many of the cultural populations served by WIC including Native Americans do not

traditionally drink milk, and experience lactose malabsorption, eczema, constipation, bloating, diarrhea and other physical complaints. Yogurt has the advantage of being accepted and digestible to most of our clients. Tofu is not a product that the population I serve use or will be willing to use. Soy milk would be a choice that could be easily introduced and accepted. I suggest letting the individual states decide if it's cost feasible to offer yogurt, and soy milk without a physician's order. Changing the regulation to offer a choice of product(s) that is unacceptable (tofu) to the population being served is not improving the WIC food package. Choice is what is needed.

Fruits and Vegetables. Ah, be bold let them eat fruits and vegetables. GET RID OF THE JUICE COMPLETELY! One look at the obesity and diabetes rates on Pueblos leads us to only one choice for a positive health outcome. Do all you can while we have the chance to improve the food package now. We don't need juice in the food package and we do need more fiber. Offer the full benefits in real fruits and vegetables and no juice. Children learn to eat from adults, if it's offered, they will eat it. WIC can be a driving force in disease prevention if the best foods are provided from birth to 5 years in this governmental program.

This is a long awaited opportunity. I can only hope that the advertising and lobbying dollars of the food industry do not have the final say in the food package and that the grass roots voices of the people will be heard and responded to with appropriate choices based on the best possible health outcomes. Although the IOM proposal is not everything I would suggest or think the program needs, it is 100% better than what we have now, and I support it. The changes made to the IOM proposal are not acceptable, and the states need to be allowed to choose yogurt as a choice and no juice to fully support a better health outcome for our clients.

Sincerely,

A handwritten signature in black ink, appearing to read "Carole M. Farina". The signature is fluid and cursive, written in a professional style.

Carole M. Farina, RD/LD
Consulting Nutritionist for
Santo Domingo Tribe WIC Program

NOV - 6 2006

November 6, 2006

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

SA 5-17

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

Dear Ms. Daniels:

I am writing to my express support of the Washington State WIC Nutrition Program for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. I strongly support the intent of the changes in the proposed rule, which is a significant step forward to improve the overall health of WIC mothers and children, contributing to reductions in obesity and other diet-related chronic diseases.

The key points of my comments are summarized below, listed by content area:

Food packages and foods

- I support the changes proposed in food package II. However, I recommend the amount of infant cereal be reduced.
- I support the addition of commercial infant food fruits and vegetables, and fresh bananas in food package II.
- I support the proposal not to allow low-iron formula through the WIC program.
- I support the clarification that state agencies would not require verification of vitamin C content for 100 percent citrus juices.
- I support all other changes in food package IV through VII, except as noted in the 8 items below.
- I recommend single-grain corn and rice cereals be included, and that certain adult cereals be added for finger foods for developmentally-ready infants.
- I urge FNS to allow states to expand the list to of fruits and vegetables in food package II to include fresh, frozen or other canned fruits and vegetables.
- I urge FNS to reconsider the addition of yogurt in quarts as a milk alternative.
- I urge FNS to establish an alternative minimum nutrient standard for soy beverages.
- I urge FNS to use this opportunity to recognize breastfeeding as a cost containment measure and to allow for conversion of food fund savings to Nutrition Services and Administration when supported by high breastfeeding rates.
- I urge FNS to revise regulations regarding client sanctions to include wording in support of group-based food delivery systems.
- I urge FNS to clarify ages for different infant food packages.
- I oppose requiring medical prescriptions for non-dairy sources of calcium and additional cheese in food packages IV through VII.

Thank you for the opportunity to comment on the proposed rule. 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.

Sincerely,

A handwritten signature in black ink that reads "Sara Knight". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Sara Knight
1633 Susan Court SE
Olympia WA 98501

2600 Marty Way
Sacramento, CA 95818
November 1, 2006

NOV - 1 2006

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

~~USA~~
SAS-18

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

Dear Ms. Daniels,


Thank you for the opportunity to provide comments on the USDA's proposed regulations that revise the WIC Food Packages. As a California WIC Branch employee and concerned citizen, I am pleased to support these reforms. I commend the Department for proposing these changes. These changes will greatly strengthen the WIC program's ability to improve the nutrition and health status of millions of families.

I strongly support providing WIC mothers and young children with cash-value vouchers to purchase fruits and vegetables. I urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels, and to keep pace with inflation.

I also support the proposals to reduce the amount of certain foods (milk, cheese, eggs, and juice) and to provide lower-fat milk, and whole grain and soy options.

Thank you for the proposed changes. I look forward to their positive impact on California's women, infants, and children.

Sincerely,



Giok Khoe

SAS-21

From: WebMaster@fns.usda.gov
Sent: Monday, October 16, 2006 7:15 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Vanessa Warren
EMAIL: lynnwarre@yahoo.com
CITY: Kalamazoo
STATE: Michigan
ORGANIZATION: WIC/CPA/STAFF
CATEGORY: WICSAStaff
OtherCategory:
Date: October 16, 2006
Time: 07:14:56 AM

COMMENTS:

The proposal to improve the nutritional value of the WIC packages is long overdue. Statics show there is a growing obesity problem in this country. By implementing the proposed cost neutral changes to WIC packages, the cost of health care should improve in populations that experience multiple health challenges associated with obesity. The new changes will make the food guide pyramid applicable to all age groups. The objective of WIC is to issue coupons that provide nutrients, calories, protein that promte adequate weight gain.

Many that qualify for WIC are experiencing economic depravation, are smokers, users of drugs, are iron or zinc deficient or have a poorly managed vegetarian diet. Introducing fresh fruits and vegetables will provide the WIC clients with skills in choosing food items that are rich in vitamins and improve mortality from low infant birth weights. The foods will also be of great benefit to lactating mothers and postpartem women.

Since families will be receiving jar food for infants, it is important to begin to teach the mothers the appropriate way to introduce new foods in order to detect allergies, and also proper refrigeration time to avoid spoilage.

Iron deficieny is higher in black children with women below the poverty level. Providing proper education should delay the introduction of cow's milk and offer a variety of foods that encourage parents to prepare balanced meals. Of course, many clients will need instruction on how to purchase and prepare vegetables.

Infants who are breastfed, whose parents chose not to use cow's milk or who have allergic reactions to cow's milk are often fed soy milk. Homemade soy formulas should be discouraged since the milk may not be be prepared in a proper way that is of a highly nutritious quality. Commercial soy formulas prepared from water soluble soy isolates provide all the nutrients in appropriate amounts. The trypsin inhibitor in raw soybean meat is inactivated during the heat processing. Heat processing also reduces the

goitrogenic effect of soy as does the additional iodine. As a vegetarian, I know many mother will choose to receive soy milk for their children. It is inconvenient that the proposal states, "for children, soy-based beverage and tofu may substituted for milk only with medical documentation for qualifying conditions. Soy-based beverages may be substituted for milk, with medical documentation, for children in Food Package IV at the rate of 1 pound of tofu per 1 quart of milk up to the total maximum allowance of milk." WIC has a population of Seventh-day Adventist, Middle-Easteners and those who chose a vegan diet who feel it unethical and a challenge to get a doctor's statement to receive soy products when they choose soy as a perceived healthier choice rather than an allergic choice. Infants truly allergic to cow's milk are also usually allergic to soy. Protein energy malnutrition (PEM) has been reported in infants on vegan diets or diets that limit milk. These infants are also at risk of zinc, iron and Vit. D deficiency. Vegan parents also need to understand the importance of B12 to the proper development of the neurological systems.

I agree with the reduction of the maximum amounts for milk since I have had WIC clients comment about how they were getting too much milk. It was also a good idea to change the amount of eggs in the packages in order to cut the cholesterol and balance the cost. I am sure many will complain about the juice cut because many families choose to drink juice rather than fruit. This change will be beneficial due to the rise in weight from over consumption of juice.

As dietitians, we have to continue to work with our federal government, political leaders, farmers and marketers to work in our communities to meet the 2005 Dietary Guidelines for Americans which is beneficial for good health.

SAS-22

From: WebMaster@fns.usda.gov
Sent: Monday, October 16, 2006 1:22 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Jerrie Barkley
EMAIL: jbarkle@vdh.state.vt.us
CITY: Richford
STATE: Vermont
ORGANIZATION: Vermont Department of Health
CATEGORY: WICSStaff
OtherCategory:
Date: October 16, 2006
Time: 01:21:37 PM

COMMENTS:

I think the changes are great. The food packages really need to be updated in order to be adequate for the variety of diets in the population that we serve. This should boost participation rates and allow for families to eat even healthier than they currently are - Thank you for considering this option.

SAS-23

From: WebMaster@fns.usda.gov
Sent: Monday, October 16, 2006 2:03 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Margaret Lander
EMAIL: margaret.lander@health.ri.gov
CITY: Providence
STATE: RI
ORGANIZATION: Rhode Island Department of Health WIC Program
CATEGORY: WICSASStaff
OtherCategory:
Date: October 16, 2006
Time: 02:03:06 PM

COMMENTS:

I agree with the proposed changes to the WIC food package.

In response to comments from others, what I see is that most are forgetting that WIC is a supplemental program. Reducing some of the current foods is necessary to provide a greater variety. If the WIC program provides less milk, juice, and eggs, that does not mean that these foods are not nutritious or are not needed in the diet. Participants can and will still purchase these items on their own. Since this is a federally funded program, something has to give in order to provide foods to all eligible participants. The program can not just increase the food allotment.

The best aspects about the changes are the required low-fat milk for older children and women, fruit/vegetable vouchers, and decrease in juice.

My concerns lie in the area of cost neutrality. I have a hard time believing that these changes will not be problematic for the program. Foods cost more in different areas of the country. But if cost neutrality studies have been done in all areas that provide WIC and the proposed changes seem feasible, then let's move forward.

SAS-25

From: sydney costello [scostello@shd.snohomish.wa.gov]
Sent: Thursday, November 02, 2006 12:33 PM
To: WICHQ-SFPD
Subject: ?Docket ID Number 0584-AD77, WIC Food Packages Rule,?

November 2, 2006

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

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

Dear Ms. Daniels:

I am writing to express the Washington State WIC Program's support for much of the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. We agree that the changes in the proposed rule 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.

Our comment summary follows. Expanded comments are attached for more detail.

A longer implementation time period is needed

1. We strongly oppose a one year timeframe for implementation. The changes needed to our automation system alone will take at a minimum one and a half years, and with subsequent training of clients, staff and retailers, we estimate we will need a minimum of three years for total implementation. We want a well thought out, efficient and consistent implementation, without major disruption of other program functions.

2. We urge FNS to assist states with their training needs by developing a glossary of key words and phrases in multiple languages.

3. We urge FNS to move forward with implementation of major food changes as recommended by the Institute of Medicine, regardless of cost neutrality.

4. We recommend the juice elimination be included in the same timeline as the other proposed changes. Implementing one change ahead of a large number of others is inefficient and unnecessarily complicates training of staff and clients.

Infants formula food packages proposed may undermine breastfeeding

5. We strongly oppose the proposed rule about the mother choosing between breastfeeding and no formula, of declaring that she is formula feeding

in the infant's first month of life. This rule will have adverse effects on WIC client's interest in and ability to breastfeed.

6. We recommend FNS allow the Certified Professional Authority (CPA) to tailor the infant formula food package during the first month of life.

7. We oppose piloting the partially breastfeeding food package changes and urge implementation of the three food packages concurrently.

8. We support the three infant feeding options for ages 2-5 months, with the exception of allowing a CPA to tailor the infant formula food package during the first month of life.

9. We recommend that the amount of infant formula and infant foods be rounded up or down and given at the same level each month.

Medical documentation is unnecessary, costly and will create barriers

10. We strongly oppose the proposed requirement that WIC staff receive medical documentation prior to providing food packages that contain soy-based beverages, tofu, and additional cheese. To require medical documentation is a barrier to services, is costly, and undermines WIC's efforts to provide culturally appropriate foods to a diverse population. The consumption of soy based beverage, tofu, and additional cheese may be a cultural/personal preference as well as a medical necessity.

Fruits and vegetables

11. We urge FNS to allow state agencies to determine the dollar denomination on the cash-value food instruments.

12. We oppose the exclusion of white potatoes. Excluding white potatoes adds complexity of administering this benefit. White potatoes are similar to bananas, parsnips and turnips in nutrient content. Excluding one vegetable will cause confusion at the check-out stand.

13. We urge FNS to allow states to utilize existing Farmers' Market Nutrition Program vendor selection and coupon redemption procedures.

14. We urge FNS to allow clients to pay the difference when their purchase exceeds the cash value.

Medical foods

15. We oppose the inclusion of all medical foods as the administration of this benefit presents a very complex solution for a very small percentage of WIC clients (less than 2% of all clients). We support limiting medical foods supplied by WIC to pediatric formulas which are nutrient dense beyond one year of age. If FNS goes forward with medical foods, the maximum monthly amount should be determined by a nutritional assessment by a qualified dietitian with approval of the client's medical provider.

Food packages and foods

16. We support the changes proposed in food package II, however, we recommend the amount of infant cereal be reduced. We also support adding certain adult cereals for finger foods for developmentally-ready infants.

17. We support the addition of commercial infant food fruits and vegetables, and fresh bananas in food package II.
18. We urge FNS to allow states to expand the list to of fruits and vegetables in food package II to include fresh, frozen or other canned fruits and vegetables.
19. We oppose requiring medical prescriptions for non-dairy sources of calcium and additional cheese in food packages IV through VII. We support all other changes in food package IV through VII.
20. We support the proposal to not allow low-iron formula through the WIC program.
21. We urge FNS to reconsider the addition of yogurt in quarts as a milk alternative.
22. We urge FNS to establish an alternative minimum nutrient standard for soy beverages.
23. We support the clarification that state agencies would not require verification of vitamin C content for 100 percent citrus juices.
24. We recommend that single-grain corn and rice cereals be included.
25. We urge FNS to use this opportunity to recognize breastfeeding as a cost containment measure and to allow for conversion of food fund savings to Nutrition Services and Administration when supported by high breastfeeding rates.
26. We urge FNS to revise regulations regarding client sanctions to include wording in support of group-based food delivery systems.
27. We urge FNS to be clearer about the ages for different infant food packages.

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 Washington State WIC Program urges publication of a final rule by spring of 2007 to assure a timely start in implementing the rule's invaluable changes.

Sincerely,

Janet Jackson Charles, Director
Washington State WIC Nutrition Program

CC: Mary Selecky, Secretary, Department of Health
Patty Hayes, Assistant Secretary of Health, Community and Family health Lincoln
Weaver, Director, Community Wellness and Prevention Chris Townley Policy,
Legislative and Constituent Relations Brian Peyton Policy, Legislative and Constituent
Relations Michelle Davis, Policy, Legislative and Constituent Relations

Attachment: "Expanded Comments"

Washington State WIC Program

Docket ID Number: 0584-AD77-WIC Food Packages Rule October 25, 2006 Attachment
- Expanded comments

1. Timeline for implementation

We strongly oppose a one year timeframe for implementation. The changes needed to our automation system alone will take at a minimum one and a half years, and with subsequent training of clients, staff and retailers, we estimate we will need a minimum of three years for total implementation. We want a well thought out, efficient and consistent implementation, without major disruption of other program functions.

The specific Washington State program steps required for implementation are:

- Select specific foods, including what, if any, additional rebates may be appropriate, and if possible, do a multi-state bid.
- Develop and get federal approval on new policies and procedures.
- Make changes to our automation system. Not only will extensive changes need to be made in the food packages offered, the addition of a cash benefit requires major reprogramming. Design, development, testing and deployment are estimated to take three years if food instruments (i.e. checks) are used. It will take five years if a form of EBT is used.

Washington State WIC cannot implement EBT without additional funding. EBT is clearly the best food delivery option for WIC especially with the addition of a cash benefit. FNS encourages states to seriously consider EBT in the preamble, yet FNS regional offices state they are not in a position to fully fund WIC EBT. This leaves states with no option but to "fix" their current food delivery system to accommodate a combined food quantity and cash quantity food instrument.

- Develop nutrition education materials for clients, including field testing, translating, and testing them again. In Washington we routinely translate into eight languages.
- Train local staff, retailers and clients.
- Change Washington Administrative Code and retailer contracts.

2. Participant nutrition education

We urge FNS to assist states with their training needs by developing a glossary of key words and phrases in multiple languages. Washington WIC routinely translates materials into eight languages. We also know that different dialects/countries of origin for Spanish may be an issue. The English messages must be developed and tested, then translated and tested again for accuracy and clarity. All states will be developing educational

messages, and doing translations. A tested glossary of words and phrases will speed implementation nationwide.

3. Alternative ways to achieve cost neutrality

Washington State WIC contends there is no cost neutral way to appropriately update the WIC food package to meet both the nutritional needs and cultural needs of WIC families. However, it is vital that we continue to evolve our authorized foods to truly address the nutritional and cultural needs of WIC families.

We urge FNS to move forward with implementation of major food changes regardless of cost neutrality. In the event food funds will not support current service levels, we know the program's priority system assures that clients who are the most in need of WIC supplemental foods will be served first.

4. Six month implementation of the juice elimination from infant food packages

We recommend the juice elimination be included in the same timeline as the other proposed changes. Implementing one change ahead of a large number of others is inefficient and unnecessarily complicates training of staff and clients.

5. The impact of proposed changes on breastfeeding rates - 246.10(e)(1)(i), 246.10(e)(1)(ii)(B)

We strongly oppose the proposed rule about the mother choosing between breastfeeding and no formula, of declaring that she is formula feeding in the infant's first month of life. This rule will have adverse effects on WIC client's interest in and ability to breastfeed. If a woman is forced to choose between no formula or a full package the first month of life, she will likely choose the formula "just in case". Having substantial amounts of formula ready at hand supports use of formula rather than seeking help with breastfeeding.

6. Food package I for birth through one month - 246.10(e)(1)(i)

We recommend FNS allow the Certified Professional Authority (CPA) to tailor the infant formula food package during the first month of life.

7. Pilot to implement the partially breastfeeding food package changes

We oppose piloting the partially breastfeeding food package and urge implementation of the three breastfeeding/formula food packages concurrently. Piloting will delay implementation of the food package for a partially breastfeeding woman. We are concerned women will simply choose to formula feed.

8. Food Package I: Three infant feeding options for ages 2-5 months - 246.10(e)(1)(ii)(B)

We support the three infant feeding options for ages 2-5 months, with the exception of allowing a CPA to tailor the infant formula food package during the first month of life.

9. Proposed methodology to round up and disperse infant formula and infant foods - 246.10(h)(1)

We recommend infant formula and infant foods be rounded up or down and given at the same level each month. To do otherwise creates an integrity issue, cost for information system modifications, local agency staff time, and additional time for client education.

Our current automated system does not have the capacity to alternate food quantities for different months. We issue three months of checks to most clients. Major information system changes would be required to implement varying quantities.

10. Medical documentation - 246.10: (d)(vi)(vii)(viii)

While we support the need for medical documentation for non-contract brand formulas, exempt formulas, medical foods and foods for medically fragile clients, we strongly oppose the proposed requirement that WIC staff receive medical documentation prior to providing food packages that contain soy-based beverages, tofu, and additional cheese. To require medical documentation is a barrier to services, is costly, and undermines WIC's efforts to provide culturally appropriate foods to a diverse population. The consumption of soy based beverage, tofu, and additional cheese may be a cultural/personal preference as well as a medical necessity.

This proposed rule will place an undue cost and burden on clients, local agency staff, and the medical community. WIC stands to further lose credibility among the medical community by requiring physicians to prescribe foods, which they neither are trained nor generally prefer to do. Furthermore, this "prescription" does not fall under the FDA rules for prescribing medically controlled products.

11. Implementation of fruit and vegetable options

We urge FNS to 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.

12. Implementation of fruit and vegetable options

We oppose the exclusion of white potatoes. Excluding white potatoes adds complexity of administering this benefit. White potatoes are similar to bananas, parsnips and turnips in nutrient content. Excluding one vegetable will cause confusion at the check-out stand.

13. Implementation of fruit and vegetable options

We urge FNS to allow States to utilize existing Farmers' Market Nutrition Program vendor selection and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program. We support the

option of authorizing Farmers' Markets as a choice for participants to redeem their cash-value food instruments for fresh fruits and vegetables.

14. Implementation of fresh fruit and vegetable options

We urge FNS to allow clients to pay the additional cost when their purchase exceeds the cash value (7 CFR 246.12). Limiting WIC clients to the value of the WIC benefit will add confusion and dissatisfaction at the checkout stand. For example: The WIC check allows the purchase of fruits/vegetables in the amount of \$2.00. The checker weighs the cantaloupe and it costs \$2.10. The client is best served if she is allowed to pay the 10 cents herself rather than to give up another \$2.00 WIC check or return the food item altogether.

15. Maximum monthly allowances for WIC-eligible medical foods

We oppose the inclusion of all medical foods as the administration of this benefit presents a very complex solution for a very small percentage of WIC clients. We support limiting medical foods supplied by WIC to pediatric formulas which are nutrient dense beyond one year of age (e.g. Pediasure, Kindercal, Resource). WIC is a preventive health program, that is focused on primary prevention, not the treatment of disease. Implementing a system for medical food in WIC creates a disproportionate administrative burden to local staff and clients. Just as we oppose requiring a physician to "prescribe" alternate foods such as tofu and soy based beverages, we oppose requiring WIC to manage medical foods for medically fragile clients. Medical foods are needed by clients with medical conditions, and as such, these clients should be referred to primary care providers and Medicaid / insurance regarding medical foods administration and cost.

If FNS goes forward with medical foods, the maximum monthly amount should be determined by a nutritional assessment by a qualified dietitian with approval of the client's medical provider.

16. Food Package II – Infants 6 through 11 months - 246.10(e)(2)

We support the changes proposed in food package II, however, we recommend the amount of infant cereal be reduced. We also support adding certain adult cereals for finger foods for developmentally-ready infants. Our experience indicates most infants do not consume the volume of infant cereal WIC provides. This is an opportunity to reduce food costs without affecting clients' nutrient intake.

17. Food Package II - Infant fruits and vegetables - 246.10 (c) (1) and (c) (2) B7a

We support the addition of commercial infant food fruits and vegetables, and fresh bananas in food package II.

18. Infant fruits and vegetables - 246.10 (c) (1) and (c) (2) , B7a

We urge FNS to allow states to expand the list to include fresh, frozen or other canned fruits and vegetables. This will support parents in progressing textures and appropriate feeding skill development for infants. This would also reduce the risk of parents limiting/restricting the infant's feeding development by only feeding commercially processed strained foods through the first year of life.

19. Food Package IV through VII - 246.10(e)(4 – 7)

We oppose requiring medical prescriptions for non-dairy sources of calcium and additional cheese for food packages IV through VII. We support all the other changes in food packages IV through VII.

20. Infant formula

We support the proposal to not allow low-iron formula through the WIC program.

21. Cow's milk

We urge FNS to reconsider the addition of yogurt in quarts as a milk alternative. The cost of yogurt is less than Lactaid milk in most markets and is culturally more acceptable to many WIC families.

22. Soy-based beverage

We urge FNS to 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. Since protein is no longer a priority nutrient, and the addition of fruits and vegetables contributes to the food package potassium content, this adjusted specification will not affect the nutritional needs of participants who substitute soy beverages for cow's milk.

23. Juice

We support the clarification that state agencies would not require verification of vitamin C content for 100 percent citrus juices. This has been an administrative burden for Washington and added additional expense in the development of client and staff education materials.

24. Whole wheat bread or other whole grains

We recommend that single-grain corn and rice cereals be included. These cereals are necessary for participants with special conditions, such as being allergic to wheat or gluten-intolerant. Making them available to all clients minimizes confusion at the check-out stand.

25. Cost containment

We urge FNS to use this opportunity to recognize breastfeeding as a cost containment measure. We recommend a revision to 7 CR 246.16 and 16a to allow for conversion of food fund savings to NSA when supported by high breastfeeding rates. Breastfeeding

reduces / eliminates clients' purchase of infant formula. This cost savings is most effectively converted to NSA and directed to lactation support. The duration of breastfeeding can be positively impacted with the availability of 24-hour telephone and/or in-home lactation support.

26. Participant sanctions - 246.12 (u), 246.23(c)(1)

We urge FNS to revise Participant violations and sanctions and Claims against participants wording in support of group-based food delivery systems.

State agencies and children would be better served if these regulations clearly addressed "caregivers" instead of "participants" when dealing with violations, sanctions and claims. As currently written, these regulations disqualify "participants" – innocent children and infants – from the program due to the caregivers' actions.

27. We urge FNS to be clearer about the ages for different infant food packages.

For instance, on page 44815 of the proposed rules, the terminology is "during the first month after birth" and "two through five months". It is not clear what is to happen between the age of one month and two months. To have clear policies and effective software we encourage FNS to be as clear as possible, i.e. "Infants from the first day of their 6th month through the last day of their 11th month"

sydney costello
3020 Rucker Ave
Suite 100
Everett, WA 98201

SAS-26

From: no-reply@erulemaking.net
Sent: Saturday, October 14, 2006 12:35 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
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Submitter Info:

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State or Province: MT
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Organization Name: Diversified Resources Group and Montana WIC Program

Comment Info: =====

General Comment: I want to go on record as recommending that the total gallons of milk distributed to clients not be reduced. I provide bone density testing services in Montana, and no matter what age group of women or men that I test, at least 25% of those tested show measurable bone loss by age 30. The intake of calcium rich fat free foods is so low it appears to be a crisis. So what next? Do we want to promote supplements rather than health promoting available foods and beverages to our low income families? Montana and other states are huge producers of milk products that can keep our population healthy. It will be a tragedy to reduce the calcium rich beverage that which is already underconsumed in our nation. Lets don't let the fervor over increasing fruit and vegetable consumption have the whiplash effect of a "next generation" of fracturing patients who prematurely lose their teeth due to jaw bone loss, who prematurely lose their hearing due to inner ear bone loss, and worst of all, who die due to hip fractures later in life.

SAS-27

From: WebMaster@fns.usda.gov
Sent: Thursday, October 19, 2006 3:06 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Claire Shorts R.N., CLC
EMAIL: ceshorts@comcast.net
CITY: Bellaire
STATE: Ohio
ORGANIZATION: Belmont County WIC
CATEGORY: WICSStaff
OtherCategory:
Date: October 19, 2006
Time: 03:06:16 PM

COMMENTS:

I am concerned with the proposal to eliminate any use of formula with the Partial Breastfeeding women participants. Very often, a woman will choose to breastfeed if she knows she can receive some formula too (as a safety net). We encourage exclusive breastfeeding in the first month, however, this is not always feasible in all situations. If the mom realizes WIC will not provide ANY formula the first month, I know this will impact her decision to breastfeed and therefore we will have moms choose not to breastfeed at all! The option should be between the WIC mom and the Health Professional who deal directly with these clients. Please consider changinmg this proposal. Our ultimate goal is to serve clients and provide infants with the best possible nutrition. Thank you for your consideration.

SAS-28

From: WebMaster@fns.usda.gov
Sent: Tuesday, October 24, 2006 3:50 PM
To: .WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Linda Nixon
EMAIL: LNixon@co.broome.ny.us
CITY: Binghamton
STATE: NY
ORGANIZATION: Broome County Health Dept. WIC
CATEGORY: WICSStaff
OtherCategory:
Date: October 24, 2006
Time: 03:50:29 PM

COMMENTS:

I would hate to see any decrease in the amount of formula given to infants. Our participants already have a hard time getting by on what we give them. According to my calculations the average use per day for the first year is approx. 31oz per day.

I like the idea of limiting the amount of formula available to a partially breastfeeding infant. If mom takes more than 1/2 a pkg., I think her status should change to non breastfeeding. I would like some formula available to breastfeeding moms when infants are having low or no weight gain in the first month. I usually see this 1-2 times a month. I am afraid that some women will choose formula if they can not get any from us during that time. This could lower our breastfeeding rates in the long run.

Clients have asked for yogurt for years. Is there any way to substitute it for some milk.

SAS-29

From: Holly Bundrant [Holly.Bundrant@state.tn.us]
Sent: Tuesday, October 24, 2006 11:37 AM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

To Whom it May Concern:

I am a nutritionist with the WIC program in Tennessee. I applaud the proposal to adjust the foods provided through the WIC program, especially the addition of vegetables and soy foods and whole grains. However, it is my opinion that a prescription should not be necessary for an individual to obtain soy foods through WIC. Currently through WIC, infants are able to obtain soy formula without a prescription; also, individuals are able to obtain lactose free or reduced milk without a prescription. I feel that soy beverage and tofu should be given the same status as soy formula and lactose reduced milk, in that it can be provided based on the individual's preference.

Thank you for your consideration of this matter.

Holly M. Bundrant, Ph.D., R.D., L.D.N.,
Nutritionist, Upper Cumberland Regional Health Office

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SAS-30

WIC Food Package Proposed Rule
From: Brenda Davis (NW Region)
[Brenda.Davis@arkansas.gov]
Sent: Wednesday, October 25, 2006 3:54 PM
To: WICHQ-SFPD
Subject: WIC Food Package Proposed Rule

I do agree that a breastfeeding infant should not have formula in the first month. Giving formula only aggravates the problem of no wanting to go through with the idea of BF.

I think that BF Infants should not receive a full package of infant formula.

Older infants do not drink as much formula past 9 mths of age. They are eating other foods.

I feel that we should not add any infant foods and stay with the cereal and juice.

I don not understand New food package III for participants with qualifying conditions

I feel that everyone should have whole grain cereal because of the obesity factor.

Adding fruits and vegetables is a nice idea but it would be a more hindering factor for stores to handle.

I feel that the juice, milk and eggs should remain.

I feel if the participant wants soy milk they should be allowed to get it but I do not feel that in the state of Arkansas tofu will go over very big.

Brenda Davis
WIC Specialist
479-444-7700 ext.213
Brenda.Davis@arkansas.gov

SAS-31

From: WebMaster@fns.usda.gov
Sent: Friday, October 27, 2006 11:30 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Maria del Carmen Melendez, Nutrition Division Director and Alma L. Ortega, Outreach Nutritionist puerto Rico WIC Program
EMAIL: mcmelendez@salud.gov.pr,aortega@salud.gov.pr
CITY: San Juan
STATE: Puerto Rico
ORGANIZATION: Puerto Rico WIC Program
CATEGORY: WICSStaff
OtherCategory:
Date: October 27, 2006
Time: 11:30:07 AM

COMMENTS:

We agree on the inclusion of fruits and vegetables in WIC food packages but have some worries about the options as follows:

- page 44790 when say infant fruits and vegetables it can say fresh fruits and vegetables and/or infant prepared fruits and vegetables in all the places of the document that refer to infant The emphasis to fresh fruits and vegetables is to the contribution to the increase the agriculture production in the states and territories.
- pages 44798 and 44799 add after the word vendors in all the places of the document the phrase vendors and authorized farmers of the Farmers Market Nutrition Program. This give more option to the participants to cash the instruments in fresh form and the contribution to the agriculture production of the states and territories.
- page 44801 we think that after the approval of a WIC authorized food have to make a monitoring of the foods in the market to assure that the food continue with the nutritional content; propose a nutrients monitoring of samples gathered in the WIC vendors markets of the WIC approved foods in the state and territories during the approved period.

SAS-34

From: WebMaster@fns.usda.gov
Sent: Tuesday, October 31, 2006 3:29 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Ron Ulmer
EMAIL: rulmer@dhs.ca.gov
CITY: Sacramento
STATE: CA
ORGANIZATION: WIC Supplemental Food Branch, CA Dept of Health Services
CATEGORY: WICSStaff
OtherCategory:
Date: October 31, 2006
Time: 03:28:57 PM

COMMENTS:

I support the change in the food package for participants of the WIC Program. The changes will add variety to the approved foods, and increase the purchase of fruits and vegetables for this target population. The added cost will provides foods of a type that are needed for a healthy diet. Increasing the nutritional value of the food package means that children may receive foods that are nutritionally more balanced. I support the proposed changes in the food package as described in the proposed regulation changes.

SAS-36

From: Warner, Melissa D. [MelissaDA@health.ok.gov]
Sent: Thursday, November 02, 2006 3:26 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

November 2, 2006

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

To Whom It May Concern:

As a Registered Dietitian working with the Oklahoma WIC Program, I support most of the USDA proposed rule governing the WIC Food Packages.

I am pleased that the proposed changes focus attention on chronic disease prevention and control.

I recommend an implementation timeframe of at least one year from the date of publication of the final rule.

I urge finalization of the rule by the spring of 2007.

Please consider the fact that the reduction in infant formula for infants 6-11 months of age could result in an increase in the amount of cow's milk given to

infants by parents. Participants depend on WIC infant formula, and without sufficient quantities, the introduction of cow's milk may be viewed as their only option.

Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, I 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.

I believe children should be able to receive soy products without the requirement of medical documentation. We receive numerous requests for soy milk each month from participants.

States should have flexibility with produce selections and be able to choose those that are locally accessible, culturally appropriate, affordable, and practical for various household situations.

State agencies should 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.

I urge that the “cash-value” vouchers dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further support for breastfeeding.

I do not support the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, I believe that many women

will simply choose to formula feed. I recommend that the fully breastfeeding, partially breastfeeding, and fully formula feeding woman’s food package changes be implemented concurrently.

I 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.

Please consider allowing ready-to-feed formulas for tube-fed infants when a trial of the powdered formula fails.

I am pleased that the proposed changes focus attention on chronic disease prevention and control. Thank you for allowing everyone to provide comments.

Sincerely,

Melissa Warner, MS, RD, LD
WIC Program Consultant
Oklahoma State Department of Health

SAS-38

From: AlisaChampion@adph.state.al.us
Sent: Friday, November 03, 2006 12:39 PM
To: WICHQ-SFPD
Cc: wblackmon@adph.state.al.us; CarolynBattle@adph.state.al.us
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

These are comments that I would like to express on the new food package changes. Please consider this information before making your final decisions.

Thanks, Alisa Champion

Changes really liked and appreciated:

Restricting the milk to 2% or less for ages 2 and up.

Reducing milk intake for women and children to be more in line with Dietary guideline recommendations.

Decreasing cheese on food package (even though well liked most tends to be high in fat).

It's wonderful that we will be able to offer soy milk to women and children.

It's good that eggs are limited.

It's good that the juice intake is limited to children and women.

Problems they foresee/possible suggestions:

Eliminating juices in infants may turn them to diluted teas or other fruit drink substitutes.

Delaying the introduction of cereals (even though this is more in line with our recommendations) will be a problem and moms will probably just go ahead and buy it and give to infants. Use of Enfamil AR will increase.

The increase in formula for 4-5.9 mos old infants probably won't discourage mom's from offering cereal before 6 mos.

The decrease in ounces of formula from 6-11.9 mos will not be well received because parents want more formula at this time. Moms will look at this as we are taking away from their baby. Suggestions to decrease formula maybe at 10-11.9 mos. to actually get ready to be limited at 1 year and to swop to cup.

Suggestion to keep increased amount of formula from 4-10 mos, then decrease it in the 11-12 mos. for weaning.

Why are we doubling the amount of fruits/vegetables for totally breast-fed infants; wouldn't this cause a tendency to decrease breastfeeding.

Meats should not be added to the food package until 7 mos to coincide with current WIC recommendations, not 6 mos.

SAS-39

From: Allen Clarke [clarke1945@verizon.net]
Sent: Friday, November 03, 2006 7:29 PM
To: WICHQ-SFPD
Subject: Docket ID no.0584-AD77,WIC Food Packages Rule

Nov.3,2006

Dear Sirs:

I am an R.N. working as a CPA in NY State in the WIC Program. I work in the ProAction of Steuben/Yates,Inc. in Bath, NY as the Sponsoring Agency. For the proposed food package for WIC participants I support the NY State items that our state agrees with, except I feel that the women who want to partially breastfeed in the first month, at least in the areas we serve, may be very disappointed with the new proposed food package. I feel our participants who partially breastfeed may not even want to breastfeed with this proposal. Susan Clarke RN

SAS-40

From: Gloria Johnson [gloriajohnson@utah.gov]
Sent: Friday, November 03, 2006 5:59 PM
To: WICHQ-SFPD
Subject: Proposed food package changes

I have worked for WIC for 24 years as a nutritionist, and I was also on WIC when my baby was born in 1974, so I have had a lot of experience with WIC over the years.

I like the addition of soy milk as long as the protein content is the same as milk. I would like it to be limited to children over age 2 years because of the low fat content of soy milk. I would like the CPA to be able to give soy milk without a MD prescription.

I like the voucher to buy fruits and vegetables. A lot of WIC clients think fruits and vegetables are too expensive to buy and they will learn with the food voucher that they can buy a lot with just a few dollars. I think 10 dollars for women and 8 dollars for children is a good amount. I hate to see it decreased. Because we will be giving money for fruits and vegetables I think all juices could be eliminated. Children are drinking too much juice and if the moms have to buy the juice with their own money maybe they won't buy as much. Also with WIC not providing juice this will reinforce the message that juice is not needed if kids are eating fruits and vegetables.

Whole grain cereals would be good for the food program but we still need to be able to give cereals high in iron that are appropriate for gluten free diets.

I would like to see the food packages stay the same for breastfeeding mothers no matter how much formula they get for their infant. I remember years ago when we changed the food package according to how many cans of formula mom received and when we changed to the current food packages I felt it encouraged a lot of moms to continue breastfeeding even if it was only 1-2 times per day.

I would like the maximum formula amounts to stay the same. I don't want the amounts to decrease because that would make it harder for the low income moms to buy the extra

formula they need every month if they are not breastfeeding and they already have a hard time buying what they have to buy now.

Gloria Johnson R.D.

Utah WIC program

SAS-42

From: WaikoloaAce@aol.com
Sent: Sunday, November 05, 2006 11:30 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Aloha!

I work for the State of Hawaii, WIC program.

I am pleased to hear new changes are being planned for in the WIC coupons. We would love to have fruits and vegetables available for our clients. Different dairy options since many of our clients don't drink much milk or have an intolerance.

I would like to see a cut in the amount of formula we give across all categories. I feel giving formula has undermined our theme of breast feeding. If possible, I would like to see no formula for the first month of life.

Thank you
Nancy Roberts

SAS-43

From: WebMaster@fns.usda.gov
Sent: Monday, November 06, 2006 6:54 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Sherrie Blanchette
EMAIL: sherriefogarty@hotmail.com
CITY: New York City
STATE: New York
ORGANIZATION:
CATEGORY: WICSStaff
OtherCategory:
Date: November 06, 2006
Time: 06:54:11 PM

COMMENTS:

November 6, 2006

Sherrie Blanchette
Nutritionist
New York City

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

Comments on New Food Package Proposal:

Only allowing the two infant feeding options for the first month after birth could discourage some women from breastfeeding, and cause a drastic drop in our breastfeeding rates.

Not allowing any formula for the first month should not be across the board, but determined on an individual basis.

CPA's should have the ability to override the no formula for the first month if needed, possibly for up to and a maximum of 4 cans of powder formula.

Partially breastfed infants sometimes need more than 4 cans a month to continue to breastfeed.

I feel that limiting the amount of formula for a partially breast fed infant promotes changing to full formula feeding so they can get the amount of formula they need.

I believe that any amount of breastfeeding is beneficial for infants, and by limiting the amount of formula a partially breastfed infant can receive could create a reason for a woman not to breastfeed.

The varying amounts of powdered formula is confusing and will cause problems for WIC/SIS returning and reissuing checks.

Each agency should have it's own local agency policy regarding how the formula will be distributed throughout the infant's first year.

There is some confusion about what the "other whole grain option" is for the proposed food package.

Eliminating juice for all infants and offering cereal at six months for infants is more compliant with the AAP recommendations for infant feeding.

The addition of fruits and vegetables for women and children is a welcomed change.

Overall the changes being proposed focus on the diverse population WIC serves.

The changes are more consistent with the food pyramid and will help emphasize better food choices, better nutrition, and improve overall health.

Sherrie Blanchette

SAS-44

From: WebMaster@fns.usda.gov
Sent: Monday, November 06, 2006 4:04 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: barbara bonk
EMAIL: BXH04@health.state.ny.us
CITY: Albany
STATE: New York
ORGANIZATION: NYS Department of Health, Division of Nutrition, WIC Program
CATEGORY: WICSStaff
OtherCategory:
Date: November 06, 2006
Time: 04:03:59 PM

COMMENTS:

November 6, 2006

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

Dear Ms. Daniels:

The New York State (NYS) WIC Program would like to congratulate the Food and Nutrition Service for the progress it has made in incorporating the Institute of Medicine's (IOM) recommendations for improving the WIC food packages. NYS supports all adjustments and increases in the infant and child food packages as recommended by the American Academy of Pediatrics (AAP). The proposed food packages for women are in

alignment with the 2005 Dietary Guidelines for Americans and are whole heartedly supported by NYS.

The following reflects NYS' comments and recommendations on the proposed rule:

Re-Design to Enhance Breastfeeding Promotion and Support

- Breastmilk supply is definitely undermined by the provision of formula and while NYS supports the basic goals of providing no infant formula to mothers who breastfeed during the infant's first month, there are two issues:

1. There will be circumstances in which the provision of limited amounts of formula may be warranted during that first month. NYS recommends that states be allowed to provide one can of powdered formula in specific circumstances, such as when recommended by a physician due to a concern with infant weight gain, when a breastfeeding mom needs to return to work and is unable to pump, or due to illness or medications.

2. Increased breastfeeding support during the infants first month (to prevent requests for formula) can only occur with a well-funded statewide peer counseling program.

- NYS recommends that the United States Department of Agriculture (USDA) allow states to fully implement the proposed rule for the fully breastfeeding, partially breastfeeding and fully formula packages simultaneously. This will ensure that all participants benefit from the increased nutritional benefits of the food packages. We recommend that the piloting phase of this proposed rule be eliminated.

- NYS recommends that the USDA Food and Nutrition Service (FNS) provide instruction regarding a food package for a mother feeding twins/multiples by different methods (i.e., breastfed and formula). NYS recommends allowing states to issue the appropriate breastfeeding food package to a mother of twins/multiples who is either fully or partially breastfeeding at least one infant.

- NYS supports the addition of infant foods as an incentive to breastfeed and the addition of baby meats which provides the identified priority nutrients for breastfed infants (zinc and iron). In addition, these items add value to the food package that will bolster program participation.

Revisions to Food Packages

Food Package I and II:

- NYS supports the disallowance of low iron formula since there is no known medical condition that warrants the use of low iron formula. This is consistent with AAP recommendations.
- NYS supports the delay in the introduction of complementary foods and the changes in age requirement and replacement of juice with infant fruit and vegetables as it complies with the AAP Policy Statement.
- Food Package I for partially breastfed infants (1-3 months of age) should be increased to 390 fl oz of reconstituted liquid concentrate formula or 15 cans of liquid concentrate formula. Currently, Food Package I for partially breastfed infants (1-3 months of age) specifies the maximum amount of formula as 364 fl oz of reconstituted liquid concentrate formula, or 14 cans of liquid concentrate. Food Package I for fully formula fed infants (0-3 months of age) specifies the maximum amount of formula as 806 fl oz of liquid concentrate reconstituted, or expressed as 31 cans. The proposed regulations indicate that partially breastfed infants cannot receive more than 50% of the fully formula fed package so allowing 15 cans of liquid concentrate formula or 390 fl oz of reconstituted liquid formula does not exceed 50%.
- NYS recommends that all revisions in infant food packages be implemented at the same time. For example, the current rules requires a six month implementation period for the removal of juice and a one year implementation period for adding baby food fruits and vegetables.

Food Package III:

- NYS supports providing supplemental foods in addition to formula for participants receiving Food Package III. The requirement for medical documentation creates a burden for local agencies and health care providers. NYS recommends that states be allowed the flexibility to establish their own policy related to medical documentation requirements.

Food Packages IV, V, VI, VII:

- NYS supports the changes in Children's Food Package IV and Women's Food Packages V through VII. These changes are consistent with the Dietary Guidelines for 2005.
- NYS supports the rule to revise the definition for WIC participation to include the number of breastfeeding women who receive no supplemental foods or food instruments, but whose breastfed infant(s) receives supplemental foods or food instruments.

Fruits and Vegetables

- NYS recommends that states be allowed to choose the fruit and vegetable benefit level. NYS' survey of all vendors indicated that 98% of all WIC vendors think that a \$5.00 check is just right or too low. Spoilage is not an issue if participants are given the option of purchasing canned, frozen or dried, in addition to fresh. It is inefficient for vendors to handle a \$2.00 check (bank fees, etc.).
- The proposed minimum stock requirement is reasonable (two varieties for fruits and vegetables, any form fresh, frozen or canned). NYS' pilot indicates most vendors already carry vegetable and fruits in some form.
- Farmers' Markets Accepting Vegetable and Fruit Checks – For this option to be viable, the proposed regulation would need to be modified to give more flexibility to states that are interested in authorizing farmers' markets to accept WIC checks for vegetables and fruits. Requiring farmers' markets to adhere to all the federal requirements (and state regulations and policies) for WIC authorized vendors would severely hamper their ability to participate in the WIC Program. State WIC Programs interested in authorizing farmers' markets as WIC vendors would need to develop creative approaches and may need to partner with other state agencies when Farmers' Market Nutrition Program (FMNP) is not under the jurisdiction of the state WIC Program.
- NYS recommends that FNS not adjust the maximum value of the vouchers in whole dollar increments to reflect the sum of annual, unrounded increases in inflation using the Consumer Price Index (CPI). NYS proposes that FNS adjust the maximum value of the vouchers at a minimum of \$.50. This is based on using data from the Bureau of Labor Statistics showing that it will take approximately 51 months for the children's food package to increase by \$1, and 39 months for the women's package to increase by \$1. Therefore, it will take approximately four years for the child's food package and three years for the women's package to reach the fully intended original value.

Whole Grain Breads and Cereals

- NYS supports the standard of identity for whole grain foods (fifty-one percent whole grain and 11% fiber).
- NYS supports the addition of whole grain breads to the food packages. Bread is not typically sold by the pound so it may be difficult for participants to use checks. NYS recommends that whole grain bread be allowed as one or two loaves. A loaf of bread is the standard industry measurement.
- Implementing the proposed regulation that all breakfast cereals meet the 51% whole grain requirement limits the variety of cereals meeting WIC guidelines and eliminates corn and rice based cereals. This will make it very difficult for

those with celiac disease or wheat allergies to utilize WIC cereal benefits. NYS recommends allowing flexibility for states to approve a limited number of corn and/or rice based cereals for those participants who present a need for these cereals.

Milk and Alternatives

- NYS supports providing only fat reduced milk to women as well as children age two and older, and providing only whole milk to children one year of age. This is consistent with AAP recommendations and the 2005 Dietary Guidelines to decrease the consumption of cholesterol and saturated fats.
- NYS supports the limitation of cheese to decrease saturated fat, but recommends increasing this to a two pound limit per month without medical documentation.
- NYS recommends that FNS provide clarification on the qualifying conditions authorizing the issuance of cheese or tofu that exceed substitution maximums for milk. According to the proposed regulations, states could issue cheese or calcium-set tofu up to the maximum allowance of milk with medical documentation of lactose intolerance or “other qualifying conditions.” This could potentially create a situation in which up to eight (8) pounds of cheese or twenty-four (24) pounds of tofu would be issued. NYS recommends limiting the substitution of cheese and tofu in these situations.
- NYS supports the addition of calcium-set tofu as a milk substitute. The amount of calcium salts in tofu varies widely; therefore, NYS recommends that states be given the option of choosing which tofu products to allow.
- NYS supports allowing soy beverages as a substitute for milk, but products that meet the minimum nutritional standard described in the proposed regulations do not appear to be widely available. National brands and store brands were evaluated and none meet the minimum nutrient standards. NYS recommends that specifications be changed to industry standards for protein at 6.25 grams and 250 milligrams for potassium per 8 oz serving. This correlates with IOM’s statement that protein is no longer a priority nutrient. In addition, potassium can be obtained through the addition of vegetables and fruits to the food packages.
- NYS recommends removing the requirement for medical documentation for children receiving soy beverages. Soy beverage for children may be a cultural/personal preference and not necessarily a medical need. This proposed rule will place a burden on local agency staff due to the amount of time needed to obtain documentation from the health care providers.

Eggs

- NYS supports the reduction of eggs for two reasons: protein is no longer a priority nutrient and the saturated fat and cholesterol content of food packages will be reduced.

Canned Fish

- NYS supports the wider variety of canned fish; however, NYS recommends adding canned chicken as an appealing alternative to canned fish. In addition, recent research has questioned the quantity of mercury in light tuna and canned chicken will allow an additional protein choice for those participants who may choose to avoid tuna altogether.

Juice

- NYS supports the elimination of juice for infants. A study conducted at 49 NYS WIC Programs between 1999 and 2000 by the New York State Department of Health and the Research Institute, Bassett Hospital, Cooperstown, New York supports the IOM's recommendations to reduce fruit juice intake as a strategy for overweight prevention in high-risk children. Results of this study were published November, 2006 in the Journal of the American Academy of Pediatrics and entitled Fruit Juice Intake Predicts Increased Adiposity Gain in Children from Low Income Families: Weight Status-by-Environment Interaction.
- NYS recommends the removal of juice and the decrease of formula in Food Package II coincide with the addition of the fruits and vegetables to lessen the impact for participants and to allow the local agency staff to promote the changes in a positive way.

Medical Documentation

- NYS recommends that USDA reviews all areas of the proposed regulation to determine where these requirements can be reduced or eliminated due to the burdensome nature of medical documentation.

Nutrition Tailoring

- The proposed rule prohibits categorical nutritional tailoring. NYS recommends that states be given the flexibility for categorical tailoring based on the ever changing knowledge of nutrition and the evolving cultural composition of our participants.

State Authority to Determine Brands

- NYS supports allowing each state the authority to determine brands as necessary to ensure statewide availability of approved products, to

effect cost containment and to limit the number of approved products for certain categories in order to reduce participant and vendor confusion.

Administrative

- NYS recommends that states be allowed the flexibility to determine monthly formula/food issuance amounts. The practice of rounding up to the next whole container of infant foods allows the maximum nutritional benefit to be issued to participants but creates an administrative concern with issuing varying numbers of containers of infant formula and baby foods from month to month. This will create confusion for participants, staff and vendors and educational requirements for all three areas will be extensive.

Additional Comments

- NYS recommends that no pilots be undertaken with the implementation of the proposed regulations. The IOM has recommended changes to the WIC food packages based on the most current nutrition science, therefore these recommendations should not be weakened by imposing an estimated three year timeframe for the testing of these food packages for the partially breastfed infants. In addition, a delay in the full implementation of these food packages will hinder efforts to increase the rate of breastfeeding. NYS recommends that each state be allowed to evaluate the impact of implementing the proposed regulations.
- NYS recommends all categories of changes be implemented at the same time. Adding fruits and vegetables to the women's food package and not the children's food package is burdensome. NYS seeks clarification regarding the implementation plan and suggest that States be allowed the flexibility in implementation of the new food packages.
- NYS recommends that packaging/container sizes not be strictly specified because this compromises states ability to provide the maximum nutritional benefit to participants. The vagaries of food packaging are unfriendly to strict guidelines and quantities of WIC foods must be flexible enough to allow for these market changes. This applies to all foods included in the WIC food packages.

The impact of the recommended changes will be significant for vendors. New milk substitutions and whole grain items present issues with respect to availability and minimum stock requirements. These foods may have a relatively low issuance and requiring all vendors to stock these foods (tofu, soy beverage, and bulgur) will present a burden. NYS recommends allowing states the flexibility for determining minimum stock requirements.

The impact of the recommended changes will be significant for WIC participants. While some food package changes will be positively received by participants, other changes such as the reductions in formula and the deletion of juice may have negative

implications for participants. It will be very important for states to begin preparing participants for the upcoming changes to minimize participant confusion and dissatisfaction. Physicians and other health care providers must also be informed of all changes including the increasing requirements for medical documentation.

The NYS WIC Program appreciates the opportunity to submit comments on the proposed rule. NYS is excited to be a part of this new endeavor and we are anxious to introduce these new food package changes to our WIC participants. We look forward to receiving the final rule in 2007.

Sincerely,

Timothy M. Mooney, Director
Bureau of Supplemental Food Programs
Division of Nutrition

X:\NOU\Bonk\WIC Food Package Proposed Rule\USDA Letter 11.3.06.doc

SAS-47

From: WebMaster@fns.usda.gov
Sent: Monday, November 06, 2006 4:16 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Cheryl Cassell
EMAIL: cheryl.cassell@state.co.us
CITY: Denver
STATE: Colorado
ORGANIZATION: Colorado WIC Program
CATEGORY: WICSStaff
OtherCategory:
Date: November 06, 2006
Time: 04:16:27 PM

COMMENTS:

Thanks! The proposed food packages are very exciting and will make significant strides in providing healthier food options for WIC participants. Below are ways that the new food packages could be adjusted to make the process more efficient and practical.

1) Suggestion: Implementation time should be 18 to 24 months at a minimum.

1) Rational: USDA needs to fully understand that these changes will require a large number of hours in preparation time, including a massive amount of research, policy development, training, materials reproduction, etc. Resources available in the various WIC programs may not always be a "team" of nutritionists or retailer coordinators, or fiscal folks.

In addition, many of the WIC programs use a two or a three-year cycle for their food lists. Depending on the time lines for the implementation of the new regulations, this could cause quite a resource burden and would not coincide with established (store agreements, retailer policy, training, reproduction and distribution) schedules.

2) Suggestion: Eliminate jars of baby food and provide foods that parents can prepare into age appropriate baby foods.

2) Rational:

Providing commercially prepared baby foods undermines the nutrition education efforts of preparing homemade baby food. Offering commercially prepared foods gives the impression WIC endorses these foods and believes them to be best for their baby. At the local level we believe and teach clients that home prepared foods are cheaper, healthier, and more environmentally friendly. When offering commercially prepared foods, parents will be less motivated to make their own.

Commercially prepared baby foods do not teach economical shopping principles. Parents offering commercially prepared baby foods for the infants first year of life may be more inclined to purchase the next stage foods as well. Further enforcing less self-reliant practices and not progressively advancing the infant to table foods.

Approximately 665 glass jars per WIC infant has huge negative environmental impacts.

Many babies will not consume 95 jars of baby food per month. Excessive jars of baby foods may tempt parents to sell or give jars away.

Offering commercially prepared foods does not provide any benefit or incentive to parents who currently make their own baby food.

Instead of offering commercially prepared baby foods to all infants, consider offering age appropriate infant foods such as: yogurt; cottage cheese; cheese; fresh, frozen or unsalted canned fruits or vegetables such as jarred unsweetened applesauce, fresh bananas, avocados, green beans, etc.

3) Suggestion: Allow individual States the flexibility to adjust formula issuance based on partially breastfed infants.

3) Rational:

Not allowing any formula issuance under any circumstance will discourage many women from reporting their partially breastfeeding status. In many circumstances a partially breastfeeding mother may need to supplement while she pumps to build her supply or increase the calories of breastmilk with formula. In an attempt to best meet the needs and requests of the partially breastfeeding diad, in the first month of life, allow states the following issuing options:

- | | |
|---|---|
| § | No formula |
| § | Formula when medically indicated (i.e., prematurity, FTT, etc.) |
| § | One can of powdered formula/month of life |

4) Suggestion: Allow States to determine if participants will be allowed to pay the difference.

4) Rational:

Participants will purchase as many fruits and vegetables as possible when they are allowed to use the entire monetary value of a check. There is even the potential they will buy more fruit and vegetables than the value of the check – paying the difference themselves – increasing the opportunity to eat more fruits and vegetables than they would have previously.

5) Suggestion: USDA should be prepared to offer flexible, knowledgeable, speedy guidance. State Agencies, retailers, and participants should be provided with opportunities to share their opinions as well as the realities of availability and logistics.

5) Rational:

While the final outcome, more fruits and vegetables for participants, is completely worthwhile, the resources needed to prepare the logistics of this transition will be massive. The development of a national coalition including USDA, NWA, State WIC Programs, ITO's, store representatives and manufactures is highly desired to address product composition, package size, policy development, product availability, training and movement through the check-out stands. Anything USDA can do to reduce each state having to do all of this work individually would be appreciated.

At a minimum, a system to network among the various WIC programs (State Agencies and ITO's) is needed for efficiently transitioning to the new food packages. It is not an efficient use of resources for each of the approximately 80 WIC Programs to conduct extensive research on the same food areas and the same policy development issues. Established systems to network and share information are vital.

6) Suggestion: Children should be able to receive soy products as a preference without the requirement of medical documentation.

7) Suggestion: States should have the flexibility to substitute wheat-free cereals or "gluten-free" cereals (i.e., puffed rice) based on a medical prescription.

8) Suggestion: WIC Programs should be given flexibility in: 1) determining allowable food items within the established categories and 2) tailoring the amounts allowed in various food packages, and 3) continuing to make request of additional package substitutions. WIC Programs should be provided with the ability to offer food packages less than the maximum amount allowed.

8) Rational:

State Programs are the experts on their area's environment, including availability of items, cultural mores, WIC history, participant preference, etc.

9) Suggestion: (Page: 44841, Table 5) The proposals require the provision of specific and varying amounts of food items based on a participants age to tenths of a month. (Examples: .9 months and 3.9 months.) USDA should provide WIC Programs with guidance on how to provide these specific amounts of food items in system that have the following issues: a) Programs routinely provide up to three months of checks which may not coincide exactly with a child's .9 birthday; b) Missed and late appointments are not rare occurrences; c) Multiple family members can easily have multiple base dates, d)

WIC checks that are valid for a specific 30 day period may not coincide with the age of the baby at a tenth of a month.

10) Suggestion: Change both children and women's packages to allow 1½ pound each in order to get amounts that are closer to current packaging sizes. Also, a 2-pound amount for children seems excessive.

11) Suggestion: Allow 'rounding up' as a State option; not a requirement for infant formula.

12) Suggestion: Ability to request substitutions for food packages as currently allowed

12) Rational: The rationale that the Department had only received 10 food package petitions since 1980 is not accurate. In 2000, Colorado wrote a proposal to substitute soymilk and tofu for milk. The National Headquarters Office refused to accept the proposal, citing that they imposed a moratorium on petitions from states. Since then, Colorado has tried repeatedly to submit the proposal, but has been denied each time. Colorado has also shared the proposal with other states, which likewise attempted to submit a proposal. Even though the revised WIC food packages currently provide greater consistency with the Dietary Guidelines for Americans, and allow for cultural preferences, we cannot be certain that there never will be a time when other food items need to be considered.

SAS-48

From: MHagen@kdhe.state.ks.us
Sent: Monday, November 06, 2006 10:12 AM
To: WICHQ-SFPD
Subject: comments Docket ID Number 0584-AD77, WIC Food Packages Rule

I am pleased to have the opportunity to comment on the recommended revised regulations governing the WIC food packages. It is time for a change and the proposed changes take steps to move the WIC food package to the guidelines called for to help US citizens eat better. Adding fruits and vegetables and whole grains and altering formula allowances to fit an infant's growth rates are favorites changes. Also any changes supporting breastfeeding moms and infants are always important. I approve of the recommendations made by the IOM and agree it is time for a change.

Martha Hagen, MS, RD, LD, IBCLC
Program Analyst, BFPC Program Coordinator KS Dept. of Health and Environment,
BCYF Nutrition and WIC Services 1000 SW Jackson, Suite 220 Topeka, KS 66612
785-291-3161
mhagen@kdhe.state.ks.us

SAS-49

From: Howe, Cora (DHS-WIC) [CHowe@dhs.ca.gov]
Sent: Monday, November 06, 2006 2:37 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Package Rule

As a nutritionist in the California WIC Program, I am thrilled with the potential new changes to the WIC Food Package. Many individual, advocacy groups and state level operation comments have been sent. I urge you to consider them all and carefully but QUICKLY either finalize or provide interim rules that can be used to start making these changes. Since many states and territories will need up to 2 years to fully implement these changes--time is of the essence. Help us to make a difference in the health of our participants by providing these changes to us in early 2007.

Sincerely,
Cora Howe, RD, MS
Sacramento, CA

SAS-51

From: WebMaster@fns.usda.gov
Sent: Monday, November 06, 2006 6:51 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Mey Leon
EMAIL: mleon@ryan-nena.org
CITY: New York City
STATE: New York
ORGANIZATION:
CATEGORY: WICSStaff
OtherCategory:
Date: November 06, 2006
Time: 06:51:22 PM

COMMENTS:

November 6, 2006

Mey Leon
WIC Site Coordinator
New York City

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

Comments on New Food Package Proposal:

I am writing to express my comments, support, and concerns regarding the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages.

As a WIC Site Coordinator and Nutritionist I am delighted of the changes in the proposed rule. These changes are a significant step forward and will ultimately reinforce the Healthy Eating Initiative.

First, I would like to applaud the decision to decrease the amount of fruit juice and provide the addition of fruits and vegetable to food packages. The inclusion of fruits and vegetables not only helps participants incorporate a healthier lifestyle, but also allows participants to purchase fruits and vegetables that they normally are unable to buy due to limited funds.

Secondly, as for the addition of whole grains, tofu, wider variety of canned fish, and soy beverages, I am in full support of this decision. It is long overdue that we are able to provide our participants with soy milk and tofu, specifically for those individuals with cultural and personal preferences, as well as those with food sensitivities and allergies. While the wider variety of canned fish is a positive change, in order to better serve our populations cultural and personal preferences, I would like to see the inclusion of a canned chicken option as a substitute for fish.

Thirdly, I am pleased to see that infant food packages will include baby foods such as fruits and vegetables. The decision of providing infant cereal at 6 months of age is a good one, and also follows AAP recommendations for infant feeding.

I am particularly very concerned with the basic principle of providing no formula to breastfed infants until after one month of age. I understand the aim of encouraging more exclusively breastfed infants, however, I feel that in order for us to assist our breastfeeding moms in doing so, we should be able to provide the exclusively breastfed infant at least 2 cans of powdered formula during the first month, or provide up to 4 cans of powdered formula for the first month to the partially breastfed infant. I feel that it should be left up to the professional to assess the needs of participants on an individual basis, at the very least with some flexibility. Having women certify as either fully breastfeeding or fully formula feeding, does not give too much of an option, especially for women who so often are in the learning process of newly breastfeeding their infants and are partially breastfeeding. I can foresee a compromise in the overall WIC breastfeeding rates. In addition, for woman who are partially breastfeeding and would require some formula, they would be given no choice but to opt for a full formula package that they may not fully utilize, just because they may fear the need of supplementing breast milk. This would be inefficient.

Lastly, the proposal of providing uneven amounts of formula issuance on a monthly basis is of much concern. This practice would create an issuance nightmare! This would create complex situations for staff when performing tasks such as returning and reissuing checks, and providing checks in general with fear of over issuance.

I would like very much for you to consider the concerns I have noted and look forward to the changes in the future and hope that we can continue to offer the WIC population outstanding nutritional services.

Mey Leon

SAS-52

From: WebMaster@fns.usda.gov
Sent: Monday, November 06, 2006 4:29 PM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: John Lute
EMAIL: lute@clarityconnect.com
CITY: Nichols
STATE: New York
ORGANIZATION:
CATEGORY: WICSAStaff
OtherCategory:
Date: November 06, 2006
Time: 04:29:02 PM

COMMENTS:

I support USDA's proposed new WIC food packages rule because it contains healthier food packages and provides more consistency to nutrition education messages.

1. It provides greater consistency with the 2005 Dietary Guidelines for Americans.
2. It supports improved nutrient intakes as recommended by IOM.
3. It provides greater consistency with established dietary recommendations for infants and children under the age of two years – including better encouragement and support for breastfeeding.
4. It addresses emerging public health nutrition-related issues.
5. It reinforces WIC nutrition education provided to participants.
6. It demonstrates greater sensitivity to the needs and preferences of WIC's culturally diverse populations.

While the proposed new WIC food packages are commendable, they can be improved. I suggest the follow recommendations:

- The fruit and vegetable benefits should be increased to meet IOM's recommendations. If needed to maintain cost-neutrality, decrease the monetary value of other components in the food package.

- Recommend changing the milk specifications for mothers, and child over two-years of age, from reduced-fat milk to low-fat milk.
- Remove the requirement for children to have a prescription to obtain soy milk from WIC. The rationale of ensuring the child's medical provider is aware that the child may be at nutritional risk when milk is replaced by other foods is ludicrous. If USDA buys into that argument, then at least be consistent and require all infants to have a prescription to obtain ANY type of formula from WIC. Wouldn't we want to ensure the infant's medical provider is aware that the infant may be at risk when breast milk is replaced by artificial milk?
- Although the proposed package is more supportive of breastfeeding, the market value of the packages for the exclusive breastfeeding mother/infant dyad still falls significantly short of the market value of the formula-fed infant/mother pair. More needs to be done to improve the value of the contents of the packages for the fully breastfeeding mother/infant pair while decreasing the relative value to mothers of food packages for partial breastfeeding and fully formula pairs. Better yet, why not require prescriptions for all mothers who decide to fully formula feed – regardless of formula type? What better public health message can we give WIC participants?

Thank you for this opportunity to comment on the proposed food package and your consideration of recommendations.

Yours truly,

John Lute
Public Health Nutritionist

SAS-53

To Whom it May Concern: From: McPhail, Jill [Jill.McPhail@maine.gov]
Sent: Monday, November 06, 2006 7:09 PM
To: WICHQ-WEB
Subject: Docket ID Number 0584-AD77

To Whom it May Concern:

I would like to make a brief comment about the proposed changes to the WIC food packages.

My major concerns:

At 6 months the amount of formula is reduced when solid foods are added. There appears no choice on the parent's part of whether they choose the formula or the baby foods. Many of our parents prefer to make their own baby foods. Many babies only eat infant foods for a few months and then transition onto family foods. There is no option for those families to have whole foods (non-prepared) foods for their infant. Wouldn't it be better for the Nutrition Counselor and the family to work together to make the best decision for that individual infant. Rather than reducing the formula and then the parent doesn't purchase the prepared foods.

I don't believe that we should reduce the amount of formula an infant is consuming at six months. A normal infant is not eating enough volume and variety to take the place of formula until the end of their first year. We counsel parents to keep their infant on formula until age one. When WIC provides less formula, many more parents will turn to milk for their infants. We do not want 6 month old infants on milk. For that matter we don't want any infant on milk.

I understand that there is a goal of zero dollar impact. But giving the parent the choice of whether they want food or formula is important. We talk to parents every day about choices they make as parents. This would be an opportunity for a parent to make an informed choice for their infant.

My other concern is reducing the amount of formula and food we offer to IPB and their mothers. WIC's ultimate goal for all infants is to breastfeed. Even a small amount of breast milk is beneficial to the infant. Even a small amount of time offering the breast is beneficial to the mom. By reducing the amount of formula we are able to provide a partially breastfed infant we will have fewer mothers attempting to breastfeed. Will we then have to say, sorry if you are breastfeeding less than 75% of the time that is not breastfeeding. How will that encourage our clients to continue to breastfeed. How will that encourage them to breast feed the next infant. How will that encourage them to talk to their friends about breast feeding.

I am happy that there are changes in the food package.

I know WIC is a Supplemental Food Program.

But for many of our clients, we are the reason they are able to make it month to month. How can we justify breaking that trust with infants and children that need us.

What I am asking is to make the change to jar foods voluntary and allow an IPB a full formula package option.

Jill McPhail
Supervising Program Manager, WIC
207-874-1140 ext. 327

SAS-54

From: SMcCollum@kdhe.state.ks.us
Sent: Monday, November 06, 2006 5:47 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

When I first started working for Nutrition & WIC, I asked why we didn't have the fresh meats and produce in the food packages. I was told that it is in the process of happening which is very exciting to all of people.

I really like that benefit.

I do appreciate how WIC helps Mothers and children who can't afford to be more healthy on their own.

Thank you for being there for those in need!

I am glad to be involved in the program.

Thanks,
Suzanne W. McCollum
Vendor Support
Nutrition & WIC Services
785-296-0092
smccollum@kdhe.state.ks.us

SAS-55

EMAIL 11-06-06 FROM MaryFrances Guiney [Maryfrances.Guiney@state.mn.us]

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

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

Dear Ms. Daniels:

I am writing as an individual Nutrition Consultant with the Minnesota state WIC program to support the proposed food package rule change. I am also writing from my experience having previously worked for an inner city clinic serving American Indian and Latino participants, as well as in rural WIC clinics.

The proposed changes are very positive and will improve the nutrition status of many participants due to the wider variety of foods and the inclusion of foods more acceptable to many participants. USDA is to be commended for taking this significant step.

While there are many excellent changes, some specific strong points of the proposal are the following:

- Providing fruits and vegetables, including fresh, frozen, canned, and dried choices.
- Providing whole grain cereals, breads and other whole grains.
- Adding soy beverage and tofu. These food items are very much needed in certain populations to address milk allergy or intolerance and to accommodate religious practices, cultural and personal preferences, and vegetarian and vegan diets.
- Providing infant meats to fully breastfed infants. This will provide an essential source of iron and zinc and help reduce the incidence of anemia seen at nine to twelve months of age.

However, in order to better meet the needs of participants, I would respectfully suggest the following changes to the proposal:

- Evaluation of eligible food items after the rule is finalized: Given the more complex nature of the food package and number of potential food items, develop

and maintain a comprehensive list of products eligible for the program. A centralized list is significantly more cost effective than having each state keep such a list. Currently staff in each state spend a substantial amount of time in reviewing food items for inclusion in their food packages. One centralized list would avoid this duplication of work.

- **Breastfeeding:** For women who declare themselves as breastfeeding, consistent with the IOM recommendation, allow states the option to establish criteria under which one can of infant formula may be provided in the first month. I believe that this option, when used appropriately, may actually improve breastfeeding rates for some participants. My experience, as well as that reported by many of our Local Agency staff, is that if given a choice of no formula or a full formula package, even with counseling, many participants will choose the formula package, fearing that breastfeeding may not be successful. Providing one can of formula along with the appropriate education to those particular woman often provides just enough of a “safety net” and allows them to continue breastfeeding without insisting on a formula package or even introducing formula.
- **Formula:** Reconsider the proposed “rounding up” methodology for infant formula which will result in a participant receiving a different number of cans of formula each month. This will require complicated and costly computer programming changes, and will likely be difficult and time consuming for Local Agency staff to track as well. This may also seem confusing and discriminatory to WIC mothers. An approach that allows for consistency in the number of cans of formula provided would be much more useful.
- **Cheese:** Allow some Hispanic-style cheeses. The proposal states that Hispanics now make up the largest percentage of WIC participation. In order to better accommodate the cultural needs of many in this population, some Hispanic-style cheeses should also be considered as cheese options. We receive many requests for these cheeses from WIC participants and WIC vendors. Currently there is a variety of domestically produced, pasteurized cheeses in this group now widely available. These conform to the FDA Standard of Identity as found in 21 CFR 133. Consider allowing state agencies the option of providing some of these cheeses.
- **Soy beverages:** Establish an alternative minimum nutrient standard for soy beverages. Since there are not currently any calcium-fortified soy beverages available that meet the proposed standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving, in effect we would not be able to provide soy beverages. Consider the National WIC Association’s recommendation that the specifications follow the FDA and industry standards of a minimum of 6.25 grams protein and 250 milligrams of potassium per 8 ounce serving. Nutritional needs of participants should not be affected since protein is no longer a priority nutrient and the added fruits and vegetables will provide additional potassium.

- Soy beverages: Waive the medical documentation required for children to receive soy beverages. Soy beverages may be requested for medical reasons or cultural/personal preferences. Currently WIC procedures are in place that provide for services, referrals and follow-up to medically diagnosed conditions and other health issues. This rule as proposed will place an added burden onto state and local agency systems as well as participants, and may possibly delay their access to WIC food instruments.
- Canned beans: Consider fat free or vegetarian refried beans as eligible items in this category.

Thank you for your consideration of these suggestions.

Sincerely,

Mary Frances Guiney, RD, LD
St. Paul, MN

SAS-56

From: WebMaster@fns.usda.gov
Sent: Monday, November 06, 2006 7:11 AM
To: WICHQ-SFPD
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Nancy Ortiz
EMAIL: nrord@adelphia.net
CITY: Charlottesville
STATE: Virginia
ORGANIZATION:
CATEGORY: WICSAStaff
OtherCategory:
Date: November 06, 2006
Time: 07:10:35 AM

COMMENTS:

I would recommend the following:

- 1) Allow soy milk as an option.
- 2) Do not allow whole milk as an option for anyone over 2 years old.
- 3) Cut the juice allowance in half BUT do not remove it completely.
- 4) Decrease cheese to not more than 1 pound/month and it must NOT include full-fat cheese.
- 5) Include up to \$6/month in fresh or frozen fruits and vegetables.
- 6) Reduce eggs to 1 dozen/month but add 2 cans tuna fish.

Thank you

SAS-57

From: Janice Powell [jkptt78@door.net]
Sent: Monday, November 06, 2006 10:50 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

To those involved with implementation of the new WIC food package proposal:

I would like to add my approval of the proposed changes to add fruits and vegetables and whole grains, reduce milk and juice, give the option of soy milk & canned beans, and substitute baby food for juice (and with less formula for older infants) on infant food packages. The plan to make shifts in foods offered, while keeping the cost the same, makes sense.

One idea I would like considered: I would like to see the offering of natural peanut butter, which I believe is a healthier option than the peanut butter with added hydrogenated oils.

Thank you for your proposed healthy changes to the WIC food packages.

I have worked for WIC in TX as a registered dietitian for the past 5+ years.

Janice Powell

SAS-58

From: lindap [lindap@pgst.nsn.us]
Sent: Monday, November 06, 2006 6:54 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77

I fully support the changes in the food packages. It seems logical that they need fruits and vegetables to have a healthy diet. This is one way low income children will be getting them. As most of the time food money is spent just on staples. Everyone I have talked to is very excited about the coming changes and want to know when it is going to happen.

Linda Purser
WIC Certifier

SAS-59

From: Erin Dugan [Erin.Dugan@health.ri.gov]
Sent: Monday, November 06, 2006 12:18 PM
To: WICHQ-SFPD
Cc: Myers, Marilyn; Ann Barone; Becky Bessette; Kara Caron; Margaret Lander
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Feedback on the proposed WIC food package changes submitted by Erin Dugan, MPH, CLC, Rhode Island State Breastfeeding Coordinator

Overall, I applaud the recommended rule changes and agree with the feedback provided by the NWA.

Our State WIC Program and the Breastfeeding Peer Counselors working in RI agree that a fully breastfeeding mother should have the option to receive one can of formula in the first month and still retain her breastfeeding status. We are concerned, however, that the breastfeeding mother who switches to a partial formula package within the first month will no longer be considered "breastfeeding." If she then continues to breastfeed past the first month, does she regain her "breastfeeding" status? If this is the case, won't this wreak havoc with the breastfeeding data by causing large drops in rates in month 1 followed by spikes in month 2? This is concerning from a data collection perspective.

Thank you!

Erin Dugan, MPH, CLC
Breastfeeding Coordinator
RI Department of Health
3 Capitol Hill, Room 302
Providence, RI 02908
Phone (401) 222-1380
Fax (401) 222-1442

SAS-61

Docket ID Number 0584-AD77, WIC Food Packages Rule
From: Rachel Stahr
[pfhs@inebraska.com]
Sent: Monday, November 06, 2006 7:11 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Importance: High

I was unable to access your website containing the area where we can submit comments about WIC food packages.

My comments are that I would like to see juice eliminated from our packages. We all know that juice contains a high amount of calories and a relatively low amount of nutrition. With the battle our society is having with obesity in children and adults, giving juice to our families, yet telling them to limit drinking it to one four-ounce glass a day is still not sending a consistent message. Our families have problems with portion limits, which is evident with the weight issues. We have parents giving juice to their children all day long and we wonder why those children are not eating correctly and are over weight. There may have been a time in years past when adding juice to our packages was a good idea and nutritionally needed. That is not the case in today's society. We are doing a better service with the new packages by reducing juice and supplying an increased amount of fresh products, both vegetables and whole fruits, but in my opinion, we need to eliminate juice completely. I understand that we might be getting strong resistance for doing this from the juice companies, but they are concerned with losing millions of dollars supplied to them through USDA, not the health of our WIC participants. We need to stand firm on this.

I also think giving vitamins would be a nutritionally sound step for our programs. In addition, regarding another topic being considered, I'd like to say that WIC foods being sold at Farmer's Markets in Nebraska would be a nightmare that would take much needed funding away from an already limited budget to implement and monitor.

Thank you for the opportunity to make these comments.

Rachel Stahr
Executive Director
People's Family Health
WIC and Family Planning

SAS-62

From: no-reply@erulemaking.net
Sent: Monday, November 06, 2006 10:56 AM
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: Gregory
Last Name: Tuttle
Mailing Address: 375 W. Onondaga St.
City: Syracuse
Country: United States
State or Province: NY
Postal Code: 13063
Organization Name: Onondaga County Health Dept. WIC Vendor Management Agency

Comment Info: =====

General Comment:Regarding Farmers Markets as WIC Vendors. Adding Farmers Markets as WIC vendors will require additional work, additional funds and additional staff for agencies that handle the WIC vendors. Will these vendors be required to have min. stock of fruits and vegetables and will they have to be monitored and trained, like regular WIC authorized vendors?

SAS-64

email to wichq-sfpd from Rayshiang Lin [rayshianglin@yahoo.com] – 11-06-06

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 Packages Rule

Dear Ms. Daniels:

Working for Pennsylvania WIC Program for over twenty years, I am excited to see the proposed changes in the Food Package Rule. I strongly and enthusiastically support this proposed rule, which supports the breastfeeding promotion and aligned with the 2005 Dietary Guidelines for Americans.

Attached is a list of my personal comments. Although I share many of my colleague's view points (in black), I would like to share with you some of my own ideas and opinions (in blue).

I appreciate the opportunity to comment and look forward to the publication and implementation of the final rule. If you have any question regarding my comment, please feel free to contact me.

Sincerely,

Rayshiang Lin, MS, RD, LDN
Public Health Nutrition Consultant
Pennsylvania WIC Program
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Proposed Rule – WIC Food Package Revision
Published August 7, 2006
Comments from Rayshiang Lin, MS, RD

INFANTS:

1. **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. (There will be no “partially breastfed infants” during the first month).

Comment: I fully support this part of the regulation as proposed. WIC community has been critical about formula companies providing gift bags at the hospital discharge. We worked very hard to get hospitals to discontinue this practice. If WIC moms can get “just one can of formula” from WIC, we will be doing the same harm to our breastfeeding promotion efforts as the discharge gift bags would do. When a breastfeeding mom comes in to request a can of formula, WIC staff/breastfeeding counselor should take the opportunity to provide guidance to resolve problem(s), instead of providing a can of formula.

2. **Change:** Beginning in the second month after birth, infants can also be considered “partially breastfed”. A partially breastfed infant will be defined as a breastfed infant who receives up to about ½ the amount formula allowed for a fully formula fed infant.

Comment: I fully support this part of the regulation as proposed, because it will:

- Ensure the continuation of breastfeeding by preventing excessive supplemental formula use.
- Ensure the breastfed infant receives adequate benefits from breast milk.
- Decrease potential for fraud where mothers get a full food package and their infants get a full formula package
- I support the full implementation of the partially breastfed infant packages without the initial limitation of “not more than 32 sites”.

3. **Change:** The maximum monthly amount of powdered infant formula will be based on reconstituted fluid ounces when prepared according to the directions on the can, rather than pounds of dry powder.

Comment: I support this part of the proposed regulation. I am concerned that when this maximum amount is applied towards Food Package III:

- Certain exempt infant formula and medical food, such as Neocate, which requires a larger amount of the powder to reconstitute into the full strength may substantially increase the cost of food package.
- Certain formulas, such as Polycose, Human Milk fortifier, etc. do not have a “standard reconstitution”, but often are prescribed to be added to the regular, or exempt infant formulas, or breastmilk. Therefore, this part of the regulation requires more elaborate and detailed stipulation/guidance.

4. **Change:** The maximum amount of formula for fully formula fed infants and partially breastfed infants will increase at 4 -5 months and then decrease at 6 -11 months.

Comment: I support the proposed regulation to increase the amount of formula for infants at 4 and 5 months old. Although WIC is a supplemental nutrition program, providing adequate amount of formula will prevent mothers/caregivers from “stretching” formula by over dilution, which can cause serious nutritional problems that WIC is charged to prevent.

Many of my colleagues are concerning about the change in the amount of formula could cause confusion for some WIC staff. However, we should leave the calculation to the computer system. No staff will need to use their calculators. Since public health is our number one concern, we should not let the calculaun impede our public health missions.

5. **Change:** Low iron infant formula will not be allowed for any infant.

Comment: I fully support this change. There is no medical justification for the use of low iron formula.

6. **Change:** State Agencies will have the option to amend our next formula contract to “round up” to the next whole can of powdered **standard infant formula** so the participant will get the full amount of reconstituted formula allowed over the infant certification.

Comment: The proposed rounding formula, as listed on EXHIBIT. G, may be confusing for participants and staff as participants will get a different number of cans each month. In stead of distributing the rounded total number of cans as evenly as possible, *I would like to propose that the number of cans of formula be distributed according to the need of the infant. During the 0 -5 months period, the infant’s need for formula is increasing, therefore, the distribution of the number of cans should be increased as the age increases. After the introduction of solid food (6 months and beyond), the need for formula will decrease as the intakes of solid food increases. For example, instead of what is currently listed in the EXHIBIT G for Mead Johnson’s Enfamil Lipil, I would like to propose that the number of cans of Enfamil Lipil be listed as “8, 9, 9, 9” for 0 to 3 months,” 9, 10” for 4 to 5 months, and “9, 8,*

7, 6, 5, 5, " for 6 to 11 months. I also recommend this same principle be used for the rounding and distribution of the number of containers of infant food.

7. **Change:** Complementary foods (cereal, etc) will not be provided until 6 months.

Comment: I support this change to encourage delay of introduction of solids until most infants are developmentally ready.

8. **Change:** Juice will no longer be provided to infants. Instead, infants will be provided with jarred baby fruits and vegetables.

Comment: I support this change as it encourages timely introduction of solids and discourages excess juice.

9. **Change:** Fully breastfed infants will receive baby food meat.

Comment: I support this change which will provide breastfed infants with additional iron and zinc, and help encourage "full" breastfeeding with provision of additional foods.

CHILDREN AND WOMEN:

10. **Change:** Women pregnant with multiple fetuses and women partially breastfeeding multiple infants will be eligible for the same amount of foods as fully breastfeeding women. Women fully breastfeeding multiple infants will be eligible for 1.5 times the amounts of foods as other fully breastfeeding women.

Comment: I fully support this change.

Milk and Milk Substitutes:

11. **Change:** Only whole milk will be allowed for children 12 – 23 months. Only 2% or less milk will be allowed for participants \geq 24 months.

Comment: I support this proposed change. However, I would like to see that CPA be authorized to prescribe milk at a different fat levels with appropriate documented justifications based on the nutritional needs of the clients (not the preference).

12. **Change:** Milk and alternatives will decrease

Comment: I support this change, as it allows us to provide other foods and helps us to discourage excess milk consumption.

13. **Change:** Soy based beverage and Calcium set tofu will be provided as milk substitutes. A medical documentation will be required for children to receive these products.

Comment: I fully support this provision. While many of my colleagues concern about the availability of the products with the proposed nutrient levels, my past experience has suggested to me that manufacturers will catch up with the market demand to increase their profit. Therefore, they will reformulate their products to meet WIC regulations.

Eggs

14. **Change:** Maximum amount of eggs will decrease to 1 dozen for children, pregnant, partially breastfeeding, and postpartum women and to 2 dozen for fully breastfeeding women.

Comment: I support this change as it will allow for provision of other foods.

Beans and Peanut Butter:

15. **Change:** Pregnant and Partially Breastfeeding Women will be allowed peanut butter **AND** beans (Currently they are only allowed peanut butter **OR** beans). Postpartum women will be allowed a choice of peanut butter **OR** beans. (Currently they are allowed neither).

Comment: I support this change as it will provide increased nutrients and fiber for these women.

16. **Change:** Canned beans will be an allowable substitute dry beans and peas.

Comment: I fully support this change as it will encourage the use of beans.

17. **Change:** Reduced fat peanut butter is allowed if it meets the FDA standard identity for peanut butter.

Comment: I support this change.

Juice, Fruits and Vegetables:

18. **Change:** Juice will be decreased to less than ½ the current allowable amounts.

Comment: I support this change.

19. **Change:** Children will receive a \$6 cash voucher and women will receive and \$8 cash voucher for any combination of fresh, canned, or frozen fruits and vegetables.

Comment: I support this change. I also support the recommendations made by NWA *to increase the amount of the voucher to \$10 for fully breastfeeding women; and to allow farmer's markets certified for FMNP participation to accept fruit and vegetable vouchers. Since many kinds of fresh produce are highly perishable, I*

support the proposed regulation to limit the denomination of the fruit and vegetable vouchers to no more than \$2 for children, \$4 for women. I also would like to recommend that the regulation mandate food safety be included in the nutrition education component of the program.

Breakfast Cereals and Other Whole Grains:

20. **Change:** All WIC cereals for women and children (“Breakfast Cereals”) will meet the labeling requirement for “whole grain food with moderate fat content” or be 51% whole grain.

Comment: I fully support this change. I also would like to recommend that brown rice, oatmeal, bulgur, whole grain barley without added sugar, salt, fat, or oil be allowed to substitute the authorized breakfast cereal, ounce for ounce, dry weight. This provision may solve the problem of not having a single grain qualified cereal product on the market.

21. **Change:** Children and Pregnant and Breastfeeding women will be provided whole wheat bread or other whole grain options (at State Agency discretion).
- Bread must conform to FDA standard of identity for whole wheat bread OR must meet labeling requirements for whole grain food with moderate fat content (see above)
 - Allowable substitutes for whole wheat bread include:
 - Brown rice, bulgur, oatmeal, whole grain barley without added sugars, fats, oils, or salt.
 - Soft corn or whole wheat tortillas without added fats or oils

Comment: I fully support this part of the regulation as proposed. I believe the market availability problem will be solved as food companies will try to reformulate their products to meet WIC eligibility as a response to the market demand.

Canned Fish:

22. **Change:** Canned salmon and sardines packed in water or oil will be allowed as substitutes for light canned tuna for fully breastfeeding women.

Comment: I fully support this change.

PARTICIPANTS WITH QUALIFYING CONDITIONS (Infants, children, and women)

23. **Change:** Participants must have a medical documentation (prescription) verifying a *qualifying medical condition* to receive special formula
- The *qualifying conditions* include but are not limited to prematurity, low birth weight, failure to thrive, metabolic disorders, GI disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an

elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, and utilization of nutrients that could adversely affect the nutritional status.

Comment: I strongly support this change except for those children with a medical justification of failure to thrive for Pediasure (or any other similar formula in the same category), when the growth charts indicate otherwise. Therefore, I would like to recommend that any medical conditions relating to abnormal anthropometric measurements, such as failure to thrive, underweight or inadequate weight gain, the medical justification be validated by growth charts, BMI, or pregnancy weight grid.

24. **Change:** Infants, Children, and Women *with the above qualifying medical conditions* who receive formula from WIC will also be able to get maximum amounts of other WIC foods appropriate for their life stage (e.g. milk, fruits and vegetables, beans, etc.) with medical documentation that the foods are not medical contraindicated for their special needs. Currently participants who receive formula from WIC can only get formula, juice, and cereal.

Comment: I support this change as it encourages increased use of conventional foods when appropriate. Please refer to #3 for the comment regarding the maximum amount of formula in Food Package III.

25. **Change:** Infants will not be able to receive special formulas designed for children and adults (Medical Foods).

Comment: I strongly support this part of the proposed regulation, but would like to recommend that special provision be added to allow for certain modular formulas, such as MCT oil, Polycose. These types of modular formulas are classified as medical food, but could be incorporated into the infant feeding regimen.

26. **Change:** Some new medical foods in the form of gels, capsules, bars (e.g. for PKU) and RTF puddings will be WIC eligible.

Comment: I support this change.

27. **Change:** In addition to the current allowable reasons for RTF formula (unsanitary or restricted water supply or inability to prepare conc or powder, formula only available in RTF), *participants with Qualifying Medical Conditions* will also be able to receive RTF formula for the following reasons:

- The RTF form better accommodates the participant's medical condition
 1. RTF semisolids such as bars for someone with a swallowing problem)
 2. RTF reduces the possibility of contamination and risk of infection for participants with immune system disorders.
- RTF improves compliance in consuming the prescribed formula (e.g. RTF bars taste better than RTF liquid)

Comment: I fully support this change. However, I would like to recommend deletion of the provision for RTF to be allowed for the household with **poor refrigeration**. Once RTF formula is opened, it requires refrigeration as any other liquid formula. For the cost containment, most of the State Agencies only approves RTF in quart size, when available.

28. **Change:** Participants with qualifying conditions will be able to receive 32 oz dry infant cereal as a substitute for 36 oz adult breakfast cereal when justification is documented by CPA or medical provider.

Comment: I support this change.

29. **Change:** Content of medical documentation is stipulated in the proposed regulation.

Comment: I fully support this part of the proposed regulation. In addition, I would like to:

- Recommend that the medical documentation be reviewed and renewed/updated at least every 6 months (**Length of time not to exceed 6 months**). As the children grow and/or medical conditions change, the nutritional requirements also change. Therefore, the feeding regimens need to be updated accordingly.
- Make sure that the amount of supplemental food (including formula) be included in the required medical documentation. On page 44813, under reporting, “(4) the amount prescribed per day” is listed. However, on page 44814, under “(ii) Content. All medical documentation must include the following:” the amount is not listed.

30. **Comment:** Recommendation for the maximum amounts

- The maximum amount of formula and the maximum amount of milk allowed in food package III appears to be excessive. I would recommend that for children, we provide the maximum amount of formula at 910 oz (standard reconstitution), and the combination of formula and milk up to 16 quarts for children, 22 quarts for pregnant/partially breastfeeding women, 16 quarts for postpartum women and 24 quarts for fully breastfeeding women.
- The maximum amount of formula for the fully formula fed fragile infant (Food Package III) 6 to 11 months appears to be inadequate if this infant is unable to consume solid food (for example, tube-feeding). I recommend the maximum amount be increased to 992 fl. oz. RTF, 988 fl. oz reconstituted liquid concentrate.

Other:

Change: WIC will be required to provide the maximum allowable food package to each participant unless the CPA determines that lesser amounts are medically or nutritionally appropriate (e.g. allergies), the participant cannot use/ refuses the foods, or needs are being met by another program. Individualized food package tailoring would continue to

be encouraged, but food packages could not be reduced for cost savings, administrative convenience, caseload management, or to control vendor abuse.

Comment: I support this rule.

SAS-65

From: no-reply@erulemaking.net
Sent: Thursday, October 19, 2006 7:11 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: Blanche
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State or Province: MA
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Organization Name:

Comment Info: =====

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

I am writing in support of making the changes to the WIC food package. I have worked at MA WIC for 15 years as a systems programmer. During that time, based on information I learned from nutritionist co-workers and USDA modifications to the food pyramid, I have changed my eating behavior to include more fruits and vegetables and less cheese. During that same time period I have not seen a change to the food items on the food instruments we provide to the WIC participants. I think it is time to provide WIC participants with the foods that support the message they are hearing from the nutritionist.

Thank you,

Blanche Teyssier

SAS-66

From: Lanes, Heidi [WICNUT@Isletapueblo.com]
Sent: Wednesday, October 25, 2006 2:10 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

I am the Nutrition Coordinator for the Pueblo of Isleta WIC in New Mexico. We are excited to lend our small voice to this important endeavor. The following suggestions are from our WIC staff. I have not edited the comments. My hope is to convey the zeal behind the suggestions.

- * Canned chicken instead of tuna (no more mercury problems)
- * Fresh, frozen and low-sodium canned fruits and veggies.
- * Nuts-peanuts, almonds, walnuts (especially for BFers and PG)-not sure if nuts will work in all situations due to risk of allergies and with concern over prenatal exposure.
- * Limit milk choice to 2% for all over age 2-unless medically necessary.
- * Give exclusive BFers more food-make the enhanced package more valuable to them.
- * Limit juice-all categories.
- * Add more calcium rich food choices for PG's and BFers i.e. greens, broccoli, almonds, canned salmon with bones, and yogurt
- * Whole grain breads/rice.
- * Pasta/noodles-whole grain when possible.
- * Tofu and soy milk for adult categories only-never for children due to the possible problems associated w/ hormone-like compounds.

- * Do we have to cover PP for 6 months? Can we cut PP to 4 months and increase the amount that we give to BFers?

- * NO BABY FOODS-instead fresh, frozen, fruits and veggies that can be used to prepare baby food at home--there is no need for WIC to make the Baby Food companies as wealthy as we have made the Formula companies!

Heidi Lanes
Pueblo of Isleta
WIC Nutrition Coordinator

This EMail was scanned on Wed, Oct 25 2006 12:12:29 -0600 (UTC) by eTrust SCM and no virus was detected

SAS-68

From: Kristina Green [kristinagreen@wvdhhr.org]
Sent: Friday, October 27, 2006 8:11 AM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

To Whom It May Concern:

I have read through the possible changes to the food list. I think that we should not take away the milk, some of our clients complain enough that they don't get enough. As well as the cheeses. I also feel that we should give our Breastfeeders more not less, even if they are supplementing with formula, as an incentive to keep trying. Like the tuna and carrots should be on all breastfeeding packages or at least the ones up to 50%. The way it is now, they don't get much food benefits for continuing trying to breastfeed unless it is totally. Just my thoughts on it. They probably will not count for much. Thank you for taking the time to read them though.

Kristine

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SAS-69

From: Nancy Cohn [nscohn@dhr.state.ga.us]
Sent: Tuesday, October 31, 2006 3:05 PM
To: WICHQ-SFPD
Subject: Changes in the WIC food packages

It is about time that changes are made. We see hundreds of overfed, overweight babies, children and adults every week. Our clients do not understand the amount of fat and sugar that they are feeding their children. I am very pleased with the proposed changes and hope that the changes are passed.

SAS-70

From: Glenda King [Glenda.King@state.tn.us]
Sent: Tuesday, October 31, 2006 2:41 PM
To: WICHQ-SFPD
Subject: Docket ID Number 0584-AD77, WIC Food Page Rule

As a public health nutritionist with the WIC program I support the revised WIC food package. I support adding fruits and vegetables, whole grains, and soy milk to the WIC food package. I am also in favor of deleting the infant juice and adding baby foods.

I am in support of enhancing the breastfeeding moms food package and limiting infant formula to partially breastfed infants. Although, I am concerned that breastfeeding infants cannot get any formula the first month.

Thank you for the opportunity to comment.

Glenda King
Tennessee

SAS-72

From: LKenney@kdhe.state.ks.us
Sent: Monday, November 06, 2006 5:44 PM
To: WIC HQ-WEB
Subject: WIC Food Package

To FNS of USDA:

This email is sent as a public comment on the proposed new WIC food package. We support and approve of the proposed WIC food package changes with the emphasis on fruits, vegetables, whole grains, and low fat milk products and alternatives such as soy milk as needed. This is a significant step towards improving the overall health of Kansas WIC families, reducing obesity and other diet-related chronic diseases.

The 70 plus stakeholders who developed our five-year Maternal and Child Health state needs assessment identified nine priorities for the state of which two relate directly to childhood obesity prevention and intervention. We are certain the proposed WIC changes at the federal level will help us in our efforts to address childhood overweight through breastfeeding promotion and healthy diets for our WIC families. Thank you for the opportunity to comment.

-
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Topeka, KS 66612-1274
785.296.1310, fax ...6553

SAS-74

email 11/06/06 to wichq-sfpd from RSC44@netscape.com

November 5, 2006

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

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

Dear Ms. Daniels:

As an individual who has extensive knowledge of and experience working in the WIC Program at the state level and as a parent of two young children, I am pleased to submit these comments regarding the Proposed Rule to revise the WIC food packages. USDA is to be commended for taking the initiative to revise the WIC food packages in accordance with the recommendations of the Institute of Medicine. The information contained below addresses my support for the proposed changes, provides specific input requested by USDA and makes several suggestions for strengthening the proposed rule.

Support for the Proposed Rule

The changes in the proposed rule represent the most dramatic and exciting changes in the WIC food choices since the WIC program began. These changes will improve the overall health and nutrition status of WIC mothers and children by contributing to the reduction in obesity and other nutrition-related chronic diseases. 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.

Response to Input Requested by USDA in the Proposed Rule

In the proposed rule, USDA specifically requested input in the following areas: assessing the training and technical assistance needs of WIC state agencies and WIC authorized vendors in implementing the proposed changes; the methodology used to round up the amount of infant formula and infant foods provided to participants and the administrative feasibility of the methodology; cost neutral options for providing fruit/vegetable vouchers at the IOM recommended level; how to provide the widest variety of choice of

fruits /vegetables while minimizing the program complexity or administrative burden; the type and scope of administrative burden that may be associated with implementing the provisions of the proposed rule; and the proposed timeline for implementation of the changes. In response to this solicitation for specific input, I have the following comments:

1. USDA needs to review and provide states with a comprehensive list of the WIC eligible food items

In order to insure the most cost effective implementation of the proposed rules, USDA must take the lead in soliciting applications from the food manufacturers and reviewing and authorizing at least the following WIC food items: WIC eligible medical foods, non-citrus juice, breakfast cereal, canned and frozen fruits, canned and frozen vegetables, whole wheat bread or other whole grains, canned fish, canned beans (including baked beans), infant fruits, infant vegetables and infant meat. One of the most burdensome tasks in implementing the proposed changes to the food packages will be to determine what foods qualify for the Program. The amount of staff time that would be needed for each of the 50 states and the ITOs to conduct a separate analysis of what foods are eligible to be authorized for the program is astronomical compared to the cost that would be entailed in having USDA coordinate this function.

2. USDA needs to review the minimum requirements and specifications for the proposed rule against the foods that are actually available on the market and to make adjustments where needed to insure that the foods are readily acceptable, widely available and commonly consumed.

In my research at the grocery stores in my area, I noted a number of issues with the proposed minimum requirements and specifications for the proposed rule. These include the following:

- I could find no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8grams of protein and 349 milligrams of potassium per 8 ounce serving. I support the National WIC Association proposal to modify this requirement so that there are meaningful choices for consumers.
- The number and varieties of canned fruits and vegetables without added sugar are few. As one example, I looked at 10 different brands of canned peas and could not find one that did not have sugar. Of the 10 different brands of canned corn that I looked at, only one brand did not have added sugar.
- There is absolutely no way to determine if most whole grain products meet the proposed definition in Table 4- Minimum Requirements and Specifications for Supplemental Foods as listed on page 44821. Also, I was able to find only one variety of whole wheat tortilla that could potentially meet the requirements in the proposed rule.
- Every brand of some of the types of canned beans listed as acceptable (i.e. kidney beans) had added sugar.

3. Rounding approach for determining the maximum quantity of infant formula is not practical

USDA needs to 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 be extremely burdensome to administer and will result in a wide variation in the number of cans of formula issued to infants each month. Programming a computer system to track the amount of formula issued to individual participants and to try to adjust this amount over the number of months that the infant is eligible to receive formula would not only be difficult, but extremely costly as well. Complicating this situation is the possibility that the breastfeeding status of the infant could change over time. A more practical option is to allow States the discretion to round up formula each month according to the breastfeeding status and age of the infant.

4. Authorization of Farmer's Market vendors

Although on the surface it may seem logical to permit States to authorize farmer's market vendors to redeem the fruit and vegetable food instruments, there are a number of issues that must be carefully considered before this option should be allowed. As currently drafted, the proposed rule makes this option difficult to implement because it requires farmer's market vendors to adhere to the same requirements as a retail food vendor, including minimum stock and the various cost containment requirements. The only way that a farmer's market vendor could effectively operate as a WIC program vendor would be if the vendor was authorized under the existing Farmers' Market Nutrition Program vendor certification procedures. Even in the event that the proposed rule is revised to allow states to utilize the existing authorization process for farmer's market vendors, the following issues remain:

- The choices of allowed items differ between the WIC and the Farmer's Market Nutrition Program food instruments. Farmer's market food instruments allow the purchase of locally grown fruits, vegetables and herbs while the WIC vouchers would not restrict the customer to purchase only locally grown fruits and vegetables, but would restrict the purchase of herbs, potatoes and perhaps certain other fruits and vegetables.
- The Farmer's market vendors would likely be issued two vendor stamps – one for the WIC program and one for the Farmer's Market Nutrition Program. The likelihood that vouchers would get mixed up is high.
- Farmer's market vouchers are entitled to be redeemed by the vendor for the full price listed on the food instrument. It is assumed that the customer obtained the full cost listed on the food instrument. The WIC food instruments would need to have an actual price entered on them before they are signed by the participant and submitted to the bank.

5. Allow States the discretion to increase the monetary value of fruit/vegetable vouchers up to the maximum amount recommended by IOM by reducing the amount of juice provided to participants.

USDA should provide States with the authority to reduce the amount of juice that is provided to WIC participants by 46 ounces and to increase the dollar value of the fruit

and vegetable vouchers by \$2 per participant. The average cost of a 46 ounce container of juice is substantially greater than \$2.

6. Minimum stock requirements for fruits and vegetables

USDA should 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. All vendors should be required to stock bananas because this is an authorized option for infant participants.

Suggestions for Revisions to the Proposed Rule

1. Changes to improve the cultural appropriateness of the WIC foods for the Hispanic population

As noted on page 44787 of the proposed rule, the Hispanic population now makes up the largest share of the WIC population. Yet, the proposed changes in the WIC foods fail to adequately address the nutritional preferences of this large population. I believe USDA could make two simple changes in the rule that would dramatically improve the nutritional appeal and benefit of the WIC foods for the Hispanic community.

a. There are now a wide variety of domestically produced Hispanic-style cheeses on the market that are made from 100% pasteurized milk and that conform to the FDA standard of identity as found in 21 CFR 133. These cheeses are competitively priced with the cheeses currently authorized by the WIC Program. I can therefore find no basis for excluding these cheeses from the list of authorized WIC cheeses. I would suggest the following language change in Table 4- Minimum Requirements and Specifications for Supplemental Foods as listed on page 44820 that would provide states with the flexibility to authorize these Hispanic-style cheeses:

Cheese.....Any single variety or blend of domestic cheese made from 100 percent pasteurized milk without any added ingredients. Must conform to FDA standard of identity (21 CFR 133). Examples include, but are not limited to, Monterey Jack, Colby, natural Cheddar, Swiss, Brick, Muenster, Provolone, part-skim or whole Mozzarella, or pasteurized processed American.

b. Adding vegetarian or non-fat refried beans to the list of canned beans allowed on the program at the state agency's option would be a cost neutral option that would greatly improve the cultural appropriateness and appeal of the WIC food package. I would suggest the following language change be added to Table 4- Minimum Requirements and Specifications for Supplemental Foods as listed on page 44821:

Non-fat or vegetarian refried beans may be allowed at the State agency's option.

2. Definition of whole grain

It is important that the definition of whole grain that is used in the proposed rule is consistent across all of the allowed whole grain products, is easily understandable to WIC consumers and provides WIC consumers with adequate choices of products. USDA needs to carefully consider how many products on the market actually meet the definition contained in the proposed rule and whether the products that do meet the definition contained in the proposed rule are easily discernable on the product labels.

Several commentators have suggested an alternative definition of whole grain that requires the product to provide at least 8 grams of whole grain per serving. I believe that a compelling case can be made for this alternative. This option would provide greater choices for WIC consumers than the proposed definition and would make it easier for WIC customers and vendors to identify which products meet the whole grain requirements. I would therefore recommend that the language in the breakfast cereal and whole wheat bread or other whole grains portion of Table 4- Minimum Requirements and Specifications for Supplemental Foods as listed on pages 44820 and 44821 be changed to indicate that the product:

Must have a whole grain listed as the first ingredient and must provide at least 8 grams of whole grains per serving.

In my research on the whole grain issue, I did find that many manufacturers of whole grain products belong to an organization called the "Whole Grains Council" that allows its members to utilize a whole grain stamp on products that provide 8 grams of whole grains per serving. This stamp is easily identifiable on the whole grain products that I reviewed.

3. Whole wheat bread

I would point out that the actual language contained in the proposed rule would appear to limit the bread choices to whole wheat bread. This appears contrary to the desire in the preamble to make available additional whole grain bread options. USDA should review the wording of the proposed rule to insure that it is consistent with the desired intent. There are many breads made entirely with gluten free grains that would not appear to meet the definition contained in Table 4- Minimum Requirements and Specifications for Supplemental Foods of the proposed rule.

4. Fish packaged in foil bags

I have compared the prices of fish packaged in foil bags and fish packaged in can containers at several store locations and have concluded that foil packages are anywhere from two to three times the cost of the canned alternative. I would recommend that USDA not allow fish in foil bags since it is clearly not a cost neutral alternative to canned fish.

5. Allow all participants to purchase baked beans

States should be granted the option to authorize baked beans (without meat) for any WIC participant, rather than having this limited to WIC participants with limited cooking facilities. Baked beans are a cost-neutral alternative to canned beans.

6. Expand the definition of WIC eligible medical food 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-intolerance, will be limited in breakfast cereal choices. In these cases when a participant presents with a medical diagnosis that requires a "wheat-free" cereal, a special package should be prescribed that includes cereals that meet the iron and sugar criteria.

7. Categorical Tailoring and Substitution Requests

I find the removal of the State option to categorically tailor or propose food substitutions to be extremely problematic. Along with rapid changes in the demographics of the WIC population and the nation as a whole, there are continual changes in the food industry that impact the availability of specific foods and these changes demand that a process be available for making more immediate changes in the WIC foods. The changes in the WIC food packages as contained in the proposed rule took 30 years to achieve. It is essential that States be allowed the ability to revise food lists to keep pace with the needs of their participants. Likewise, it is impossible to identify in a rule all of the possible reasons why WIC foods might need to be tailored. It is the job of the WIC CPAs, not USDA, to determine when tailoring should occur.

In summary, I commend 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 improving the overall nutritional health and well-being of WIC mothers and children.

I hope that USDA will carefully review the comments and suggestions for revisions to the food packages that I have made. I believe these changes will improve the cultural appropriateness of the WIC foods and will help insure that the WIC foods are more readily acceptable and widely available. The changes that I have suggested in this document will also help to insure a smoother implementation of the proposed changes. I urge publication of a final rule by the spring of 2007 to assure timely implementation of the rule's invaluable changes.

Sincerely,

Rick Chiat
PO Box 64882
St. Paul, MN 55164

SAS-75

email to wichq-sfpd 11-06-06 from Debi Tipton [Debi.Tipton@chickasaw.net]

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 Packages Rule

Dear Ms. Daniels:

I strongly and enthusiastically support most of 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. Most of 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 most of the 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, I 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. I do not support the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, I believe that many women will simply choose to formula feed. I recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

I would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). up to the maximum partially breastfeeding food package for infants, an amount not to exceed approximately half the amount of formula allowed for a fully formula fed infant, who are partially breastfeeding in the first month of life.

If the proposed rule to force a mother to choose to receive no formula or a fully formula infant package is enforced I believe that many mothers will choose to receive formula as opposed to no formula thereby lowering a State Agency's breastfeeding initiation rate. Also if by the second month of life the infant is still breastfeeding then WIC reports would appear to have many mothers who began breastfeeding in the second month of life and not the first.

Allowing States to offer formula to a partially breastfeeding infant would serve to clear up the rather confusing references to the infants' age, i.e. Fully formula feeding: 0-3 months; Partially Breastfeeding; 1-3 months.

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. I 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.

I 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. I also urge that children be able to receive soy products without the requirement of medical documentation.

I encourage the adoption of the IOM recommendation to offer yogurt as an alternative for milk. I believe that yogurt will be much more widely accepted and used than tofu by WIC participants in my region of the country. I urge that State Agencies be held responsible to keep the WIC food package within a cost neutral range.

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, I 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.

I also encourage the requirement for medical documentation of the following be waived as it seems a burden for the WIC family, staff, health system and not an appropriate requirement to require the physician to write prescriptions for these types of food products:

(a) Any authorized supplemental food issued to participants who receive Food Package III.

(b) Any authorized soy-based beverage or tofu issued to children who receive Food Package IV

(c) Any additional authorized cheese issued to children who receive Food Package IV that exceeds the maximum substitution rate

(d) Any additional authorized tofu and cheese issued to women who receive Food Packages V and VII that exceeds the maximum substitution rate

WIC State agencies should also retain the ability to offer whole milk to underweight children and pregnant women when deemed necessary by the registered dietitian or physician.

I encourage the current term "cereal (hot or cold)" as the regulatory term for cereal as opposed to adopting the term "breakfast cereal". Nutrition education in the WIC program often encourages the use of cereal as a healthy snack and not just to be used as a 'breakfast' food.

I recognize that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages and without exception. State agencies are looking forward to fully implementing the proposed rule. I 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, I enthusiastically and strongly support the proposed rule. I am 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.

I look forward to implementation of the proposed rule and urge consideration of the comments in this letter.

Sincerely,

Debi Tipton, R.D./L.D.
1181 S. Buckholt, Caddo, OK 74729

SAS-78

Sher Pollack, M.S., R.D.
47-185 A Hui Akepa Place
Kaneohe, HI 96744

November 1, 2006

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

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

Dear Ms. Daniels:

Thank you for this opportunity to comment on revisions to the WIC food packages. I applaud USDA/FNS for bold steps to revitalize the WIC food prescription, making it more consistent with recommendations of the Dietary Guidelines for Americans, which promote optimal growth and development and prevention of diet-related chronic diseases. This is by far the most significant change for WIC since the program's inception. It is evident that the hard work of the committee from the Institute of Medicine (IOM) and staff at USDA will result in significant health benefits for the next generation of participants on the program.

As a Public Health Nutritionist with WIC for the last 18 years, I am heartened to see proposed changes that will make the WIC Food Packages not only more culturally appropriate, but a much more powerful tool by which participants can apply the nutrition knowledge gained from counseling and education at WIC.

There are 6 areas of the proposed rule I wish to provide comment:

1. **Accommodate diverse cultural food preferences and traditions, and various common allergies by offering milk substitutions, a variety of whole grains, and options to canned fish.** This is essential to successfully maximize utilization of WIC food benefits.

USDA is applauded for its proposal to provide soy beverages and calcium-set tofu as milk substitutes; whole grain products, including whole wheat bread, corn and whole wheat tortillas; and canned fish options. These items will make food package offerings significantly more appropriate for the diverse cultural and religious dietary preferences served by our program.

Of particular note:

- **Inclusion of whole grain products.** This will support educational efforts of WIC staff in promoting dietary guidelines. An additional suggestion is to allow whole grain pastas to further enhance participant appeal.
- **Inclusion of soy beverage and calcium-set tofu.** This will better accommodate children over the age of 1 and women who have a milk protein allergy. These products are a more cost effective, appropriate option to soy formula.
- **Inclusion of canned fish options.** This will improve participant appeal and provide low mercury alternatives to tuna.

Notwithstanding, I strongly urge the following changes to augment the proposed rule:

- **Adopt allowable whole grain bread size consistent with the bread available in stores.** To maximize utilization of proposed foods, allowable sizes for food items must be consistent with what is commonly available in stores. The proposed rule specifies whole grain bread allowable in 1 or 2 pound increments, depending on the category. However, these weights are not consistent with the size of whole grain loaves typically available in stores. In a recent visit to one of our major grocery store chains, I was unable to find even one loaf of whole grain bread that met these specifications. I urge USDA to reconsider this weight specification and allow whole grain bread be issued “by the loaf” to ensure participants will be afforded an opportunity to maximize utilization of their benefits.
- **Accommodate diverse cultural and religious preferences by eliminating the requirement of a medical prescription for children to receive soy beverages and calcium-set tofu.** Requiring provision of a medical prescription for children to obtain soy beverages and calcium-set tofu is culturally insensitive and presents an unnecessary barrier to services. The justification specified for this requirement states “the medical provider be aware that the child may be at nutritional risk when milk is replaced by other foods.” Yet this is a poor use of health care services, of which many low-income families have limited access to. An alternative strategy is to allow competent professional authorities at WIC to refer participants to their physician; if after performing a complete nutrition assessment, they find that the child is at nutritional risk.
- **Accommodate the medical needs of participants who have an allergy to wheat.** I support the National WIC Association’s recommendation to allow States to make substitutions for “wheat-free” cereals based on a medical prescription. There are participants who have an allergy to wheat

or have gluten intolerance, and the proposed rule as stated would create a significant barrier to utilization of breakfast cereal benefits. I urge USDA to include provision of wheat-free and gluten-free breakfast cereals in the final rule.

- **Accommodate cultural preference and medical needs of participants by offering options to canned fish.** One of the food items identified to enhance the food package for exclusively breastfeeding women is canned fish. The purpose of the enhanced food package is to promote breastfeeding and help meet higher nutritional needs. Offering an “incentive” food that is not eaten by a portion of the population served is both contradictory and ineffective. Allowing alternative protein-rich foods such as canned chicken or turkey as a substitute for canned fish will help to accommodate cultures that do not eat fish and those with an allergy to seafood. In addition, an appropriate protein-rich food that would accommodate vegan dietary practices, such as tempeh, should also be considered. This will better support the goals and objectives intended by the use of this special food package.

2. **Assist participants in establishing dietary habits to develop and maintain good health and prevent diet-related chronic diseases by offering fruits and vegetables.** To meaningfully do this, it is essential to follow recommendations outlined by the IOM on amounts of fruits and vegetables to be included in WIC food packages.

I commend USDA is for its proposal to provide fruits and vegetables for all WIC participants 6 months and older. However, I urge USDA to restore cash-value vouchers to at least the level recommended by IOM at \$8 for children and \$10 for women. This is necessary to maintain the nutritional integrity intended in the IOM’s recommendations. In particular, because fruits and vegetables are beneficial in controlling obesity, reducing the benefit amount of fruits and vegetables would be counter-productive and diminish our ability to tackle the obesity epidemic.

When making its recommendations for cash-value vouchers, the IOM estimated that \$8 per month for children and \$10 per month for women would purchase approximately 10 and 12 pounds of fresh produce, or 1 to 2 servings per day. However, this will not be possible in areas where many produce items are priced at close to or over \$2 per pound. Thus, even at the \$8 and \$10 cash value amounts, it will be a serious challenge in many areas of the country for participants to obtain the amount of produce as estimated by IOM.

When considering some typical prices for fruits and vegetables at a grocery store in Honolulu during the month of October, for example, the child’s \$6 voucher limit would translate to purchasing 4 small apples (\$1.99/lb) and 1 small head of romaine lettuce (\$1.99/lb) for that month. Alternatively, \$6 would purchase 5

oranges at \$1.89/lb. This quantity of produce obviously would do little to support efforts to improve monthly fruit and vegetable consumption goals, not to mention the nutritional contribution necessary for the overall food package. While it is possible to find some produce items closer to \$1.00 per pound, the prices illustrated in this example are more typical here in Hawaii and accentuate the need for the provision of at least IOM's recommended cash value amounts.

USDA's proposed rule cites cost containment as the rationale for decreasing the dollar value of the cash vouchers. However, according to data provided by our vendor section, the proposed food package reductions in juice alone would realize a cost savings that would more than offset IOM's recommended \$8 and \$10 vouchers.

In Hawaii, for example, the average "low" price for a 46 oz. bottle of juice is currently \$3.25. Since the new food packages would decrease the amount of juice issued to children from 6 to 2 bottles of juice per month, a cost savings of \$13 would be realized. In practice, an even greater cost savings would most likely occur since this dollar amount represents the average "low" price from a recent survey of our WIC Approved Vendors and participants may not always select the lowest priced item.

The following suggestions to strengthen the proposed rule are offered:

- **Increase cash value of fruit and vegetable vouchers.** In order to have the intended impact on participant health and dietary practices, not to mention the nutritional value to the overall food package, I urge USDA to reconsider its position on reducing the amount for the cash-value vouchers and restore amounts for children and women to *at least* \$8 and \$10 per month.
- **Adjust for inflation.** To ensure the nutritional integrity of WIC food packages are not eroded, it is important for USDA to require adjustments are made to keep up with the cost of living. This will maintain the nutritional value these food items were intended to contribute in IOM recommendations despite inflation.
- **Allow more substitutions of fruits and vegetables for commercial infant foods.** The addition of complementary foods to infant food packages, and in particular, the added allowances to exclusively nursing participants, is heartily applauded. It is noted, however, that the only fresh infant food option mentioned in the proposed rule is fresh bananas. Further, bananas can replace only 8 ounces of the total allowance of infant foods. A recommendation is made for the allowance of a greater proportion of the commercial infant foods that can be substituted by a variety of fresh food options. This would be more cost effective for the program. In addition, making homemade infant food is simple for

participants to do, and in fact, some participants even prefer to make their own baby food.

3. **Assist participants in establishing dietary habits to develop and maintain good health and prevent diet-related chronic diseases by providing reduced fat dairy products.** This will better support our educational efforts to promote good dietary practices.

Offering only reduced fat milk for women and children age 2 and older allows for a more healthful, balanced food package. In particular, proposed changes to dairy products will limit saturated fat and cholesterol intakes, in addition to decreasing exposure to dioxins, polychlorinated biphenyls (PCBs) and similar compounds through the ingestion of fat from animal sources.

4. **Offer food options that do not expose sensitive populations to mercury.**

I thoroughly commend USDA for the proposed rule offering canned fish options that do not pose a mercury hazard. Supporting IOM's recommendation will serve to protect participants from unsafe and unnecessary exposure to methylmercury. Mercury is a potent neurotoxin that can be passed to infants through breastmilk, and can be harmful to the developing brain. Because mercury builds up in the body, depending on the amounts and types of fish someone regularly eats, they may be at risk for exceeding safe exposure to mercury. Mercury levels that have accumulated in the body can also affect future pregnancies. WIC food benefits should not contribute to this problem when low-mercury, culturally acceptable fish choices exist. Canned salmon, sardines, and mackerel are excellent low-mercury fish options, besides being low in other contaminants such as PCBs. In addition, they are highly nutritious (containing more omega-3 fatty acids than canned tuna¹), are appropriate in a variety of cultures, and would increase food package appeal.

In 2002, the Hawaii WIC Program requested and subsequently received special dispensation to offer canned salmon as an option to canned tuna. This was due to our participants' demonstrated level of risk for exposure to unsafe levels of methylmercury.

Our participants and staff are extremely thankful to USDA for approving this dispensation. This option supports cultural food patterns and allows us to offer canned fish without contributing to the problem of mercury exposure. Since then, we have received positive feedback from participants who are grateful to have this option available. Additional feedback indicated participant appeal would be even more enhanced if additional canned fish options, such as sardines, were made available. We are pleased to see this recommendation included in USDA's proposed rule.

Our staff continue to educate our participants about making better fish choices to reduce mercury exposure. The goal is to have our participants continue enjoying the benefits of eating fish and still protect themselves from exposure to this dangerous neurotoxin by choosing fish low in mercury.

With respect to canned fish, better fish choices are canned salmon and sardines over canned light tuna, which has an average 10-fold higher level of mercury. According to FDA data on mercury levels in commercial fish, canned light tuna contains a mean level of 0.118 ppm. This is compared to “ND” or “mercury concentration below detection level” for canned salmon and 0.016 ppm for sardines², both clearly much better choices when the goal is to minimize exposure levels to this toxicant. Furthermore, when looking at FDA’s data for canned light tuna, it is noted that 6% of the samples contained at least as much mercury, and in some cases twice as much mercury as the mean for albacore tuna. While the FDA still classifies canned light tuna as a “low mercury” fish, depending on the other types and amounts of fish participants also choose to eat, canned light tuna may not be low enough.³ This concern is underscored when considering findings from the National Health and Nutrition Examination Survey (NHANES).

Data analysis from the NHANES designed to assess the health and nutritional status of adults and children across the United States found approximately 8% of women of childbearing age have blood mercury concentrations exceeding those associated with the Environmental Protection Agency’s (EPA) Reference Dose, (the “reference dose” is the daily exposure that is not likely to cause harmful effects). Values were 4-fold higher in those who had eaten fish in the last 30 days.⁴ As stated in the Morbidity and Mortality Weekly Report (MMWR) in November 2004, “Extrapolating the NHANES data to the overall U.S. population, findings suggest that more than 300,000 newborns each year in the United States will have blood mercury concentrations greater than those associated with the EPA’s reference dose.”⁴ These findings may even underestimate the problem since the sample of women in the study may not have represented sections of the country where high fish consumption is typical.

It is prudent then for all states to offer canned fish options that will best limit exposure and therefore reduce the risk of damaging effects from methylmercury. I strongly urge that all states be *required* to provide the lower mercury canned fish options, like salmon and sardines, as an alternative to light tuna, to be sufficiently protective. Ideally, canned light tuna should be eliminated from the program altogether. This will ensure the program benefits do not contribute to the problem and pose a mercury hazard.

5. **Offer canned beans and a complete substitution of peanut butter.**

USDA is applauded for its proposed rule to allow the addition of canned beans to food packages. Canned beans are more practical and allow participants to portion food into daily servings, thus maximizing utilization of program benefits.

The proposed rule will:

- **Provide convenience.** WIC participant surveys have shown that dried beans are often underutilized due to the difficult and lengthy preparation required. The addition of canned beans to WIC food packages will significantly improve participant appeal and utilization.
 - **Accommodate those with a peanut allergy.** The provision of the complete substitution of peanut butter for beans in food packages V and VII will now enable accommodation of participants with an allergy to peanuts.
6. **Allow states a vehicle to petition USDA for new food package substitutions.** Since it is not possible to predict what changes will occur in the future, it seems hasty to dismantle this option.

The rationale stated for prohibiting states from petitioning USDA for new food package substitutions cites the current proposed rule changes that, based on IOM's review, provide for a more culturally appropriate food package and thus effectively remove the need for any further accommodations.

However, just as it was not possible for those who designed the program during its inception to envision the "face of America" as it now exists in 2006, it is not possible for us to predict what type of needs and changes that might occur with the passage of time. It seems prudent to leave this provision in place.

In summary, the proposed revisions allow WIC food packages to become more consistent with current dietary recommendations, in addition to providing more culturally appropriate and appealing options. This will enable WIC to better support the nutrition messages we are promoting. By doing so, we will provide the public a consistent, clear message with the effective means to implement it.

I respectfully request your consideration of the items noted and urge USDA to finalize the rule as soon as possible.

Once again, thank you for this opportunity to comment.



Sher Pollack, MS, RD
WIC Nutritionist since 1988

References

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3. Environmental Protection Agency: Mercury Update, Impact of Fish Advisories, June 2001. <http://www.epa.gov/waterscience/fishadvice/mercupd.pdf>. (11/2006)
4. Blood Mercury Levels in Young Children and Childbearing-Aged Women – United States, 1999-2002. MMWR, November 5, 2004 / 53(43);1018-1020.

email

email to wichq-sfpd 11-06-06 from Lisa Armstrong [Lisa.Armstrong@vdh.virginia.gov]

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November 3, 2006

We applaud USDA FNS for the development of the proposed food package changes. We believe that after 30 years in existence that the WIC food packages needed to be re-evaluated in order to be more compliant with the ever-changing food patterns of the WIC population. Our main concern is the amount of time allotted to implement these changes. We do not feel that one year is enough time to implement such drastic changes as MIS development, personnel training, development of educational materials, etc.

Listed below are the comments on the specific areas in which input was requested.

Infant Food Package I and II

We concur that the infant food packages need distinction and establishing 3 categories (fully breastfed, partially breastfed and fully formula fed) will allow for this needed distinction. We do agree with the addition of fruits and vegetables to the package; however do not feel that the addition of commercial baby food is necessary since WIC promotes the ability of the participants to make their own baby food. We believe that the addition of fruits and vegetables paired with education on making homemade baby food would suffice the WIC population and thus cut unnecessary costs. We support the elimination of juice in the infant food package. We strongly agree with the further encouragement of breastfeeding by the addition of commercial infant meat to the fully breastfeeding food package, but are a bit concerned by eliminating the ability of infant formula for breastfeeding infants during the first month after birth. On the surface, this proposed rule sounds advantageous, however we feel that it may have a negative impact on breastfeeding rates as mothers may choose the fully formula feeding package in order to receive a small amount of formula. We do concur with the reduction of infant formula, but feel that more guidance is needed with the rounding methodology for reconstituting infant formula.

Medically Fragile Food Package III

We concur with the addition of medically fragile infants into Food Package III. We also agree with the addition of restrictions for issuing ready-to-feed formula as we feel that this would drastically cut formula costs.

Food Package IV, V, VI, and VII

We concur with the proposed rule of the addition of whole wheat breads or other whole grains, peanut butter in addition to legumes and more milk and juice to Food Package V for breastfeeding women. We feel that the addition of these foods will encourage more women to breastfeed for longer periods of time.

Although we agree with the addition of whole grains to the food packages, our concern is that with the addition of whole grains the amounts of enriched grains consumed will decrease and thus decrease the folic acid levels consumed. We strongly support the addition of fresh, frozen or canned vegetables and fruits; however we feel that the cash value of the vouchers for Food Package VII should be \$10 rather than \$8. We support the addition of canned legumes as a substitution for dry beans/peas; however we recommend the department to limit the proposed rule to the current IOM recommendations. We concur with limiting the use of whole milk for all ages and women along with the addition of tofu and soy milk; however we feel that the requirement of medical documentation for issuing tofu or soy milk is very limiting and should be liberalized. We support the reduction in the quantity of eggs and juice.

Very truly yours,

Lisa M. Armstrong, RD
Nutrition Services Manager
Division of WIC & Community Nutrition Services
Virginia Department of Health

The Eastern Band Of Cherokee Indians



The Honorable Michell Hicks, Principal Chief
The Honorable Larry Blythe, Vice-Chief

October 27, 2006

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Dan McCoy
Chairman
Birdtown Township

Alan B. Ensley
Vice-Chairman
Yellowhill Township

Tribal Council Members

Mary Welch Thompson
Big Cove Township

Perry M. Shell
Big Cove Township

Jim Owle
Birdtown Township

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Painttown Township

Tommye Saunooke
Painttown Township

Angie Rose Kephart
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Cherokee Co. Township

Abraham Wachacha
Snowbird &
Cherokee Co. Township

Carroll "Pee-Wee" Crowe
Wolfstown Township

Mike Parker
Wolfstown Township

David Wolfe
Yellowhill Township

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

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

Dear Ms. Daniels:

I am writing to express The Eastern Band of Cherokee Indians' support for the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. The health and well-being of the nation's women, infants, and children is a priority of our organization. The proposed changes will greatly benefit vulnerable mothers and children.

We are pleased that the proposed rule 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*. The changes reflected in the proposed rule are also consistent with the *2005 Dietary Guidelines for Americans* and national nutrition guidance including those from the American Academy of Pediatrics.

We agree that the changes in the proposed rule 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. In particular:

- We support adding fruits and vegetables to the food packages of women, infants and children while reducing the amount of fruit juice provided. Increased consumption of 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 support the quantities of dairy products and eggs offered in the proposed rule. These quantities meet the *2005 Dietary Guidelines for Americans*. We agree that alternative calcium sources such as soy beverage (soy milk) and tofu

are necessary additions to the food packages to address milk protein allergy, lactose maldigestion, personal preferences, and cultural diversity of the WIC population.

- We support the whole grain requirement for cereals and the introduction of whole grain bread and other whole grains such as corn tortillas and brown rice. Whole grain consumption is associated with 1). reducing the risk of coronary heart disease, type 2 diabetes, digestive system and hormone-related cancers, 2). assisting in maintaining a healthy weight, and 3). increasing the intake of dietary fiber.
- While we commend USDA's efforts in the proposed rule to support the initiation and duration of breastfeeding, we urge that there be *no* test period for the partially breastfeeding food packages for women and infants. We believe that deletion of the pilot phase would speed the implementation of these packages. For women who declare themselves as breastfeeding moms, we urge that, consistent with the IOM recommendation, States be given the option to establish criteria under which infant formula may be provided in the first month.
- To further support breastfeeding, we urge that the cash-value vouchers for fruits and vegetables for fully breastfeeding women be increased to \$10. We believe that this change would be cost-neutral and a significant incentive for breastfeeding mothers.

On behalf of the EBCI, I commend 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.

The EBCI urges publication of a final rule by the spring of 2007 to assure timely implementation of the rule's invaluable changes.

Sincerely,

A handwritten signature in black ink that reads "Michell Hicks". The signature is written in a cursive style with a large initial "M".

Michell Hicks, Principal Chief
Eastern Band of Cherokee Indians