

Soyfoods Association of North America

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February 1, 2010

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

RE: FNS-2006-0037-0003, WIC Food Package Interim Rule

Dear Ms. Whitford:

The Soyfoods Association of North America (SANA), which represents the interests of small and large soyfood manufactures, soy processors, suppliers, soybean farmers, and other industry stakeholders, appreciates the opportunity to comment on the Interim Final Rule for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages. Specifically, SANA appreciates the chance to comment on the implementation of the new food packages that address cultural diversity and offer consideration for ways to help the WIC program better serve all participants during tough economic times.

Removal of Medical Documentation Requirement for Children to Receive Soy milk and Tofu under Section § 246.10 (d)

SANA strongly disagrees with the USDA's medical documentation requirement for nutritionally equivalent dairy alternatives. Required nutritional equivalency assures fortified soy milks authorized by WIC State agencies are excellent sources of protein, calcium, vitamin A, vitamin D, and other nutrients. Human studies show calcium absorption from soy milk is equivalent or superior to that of dairy milk.¹ Required nutritional equivalency should eliminate any medical concern related to nutritional content. Therefore, the medical documentation requirement is unnecessary, may confuse consumers and presents an unjustified time and cost burden on recipients.

Consuming fortified soy milk and calcium-set tofu during childhood has been shown to promote growth and boost bone health of children world wide.² Fortified soy products, including fortified soy milk, are good sources of high quality protein, calcium, vitamin A, vitamin D, riboflavin, potassium, and phosphorus. They are also cholesterol-free and low in saturated fat. Tofu and fortified soy milk have long been staples of a plant-based diet and continue to be part of a healthy, balanced lifestyle for a growing number of families in the U.S. Requiring medical documentation for these products creates an unnecessary barrier for many families whose culture does not include dairy milk.

To preserve cultural diversity of the WIC food packages, SANA strongly recommends that medical documentation be removed as a requirement in *Package IV*. During these tough economic times, the

¹ Zhao Y, Martin BR, Weaver CM. Calcium bioavailability of calcium carbonate fortified soy milk is equivalent to cow's milk in young women. *J Nutr*. 2005 Oct;135(10):2379-82.

² Weaver CM, Plawecki KL. Dietary calcium: adequacy of a vegetarian diet. *Am J Clin Nutr* 1994; 59(suppl):1238S-41S.

WIC food program exists to serve low-income women, infants and children of all ethnic and religious groups. However, many women participating in the program may not have access to medical care. Furthermore, women that prefer not to have their child consume dairy products for cultural, religious, or other reasons, may not be able to afford either the expense, inconvenience, or burden of a doctor's visit. In addition, the medical documentation requirement creates unnecessary administrative work that can reduce the effectiveness of the WIC Program. There is no need for medical supervision of children consuming fortified soymilk or tofu and the persistence of the medical documentation requirement is an unjustified technicality, and creates confusion for the consumer and a stigma for products that do nothing more than deliver essential nutrients to children who do not drink dairy milk.

To better serve all WIC participants, SANA strongly urges USDA to remove the medical documentation requirement for children to receive fortified soymilk or tofu from *Package IV*.

Medical Professional Requirements for Issuing Documentation for Soymilk in Section § 246.10(d)
Should USDA persist in requiring medical documentation for children to receive fortified soymilk and tofu as part of *Package IV*, SANA requests USDA consider revising the requirements to allow for flexibility for who can issue documentation for a child. A costly doctor's visit for something as simple as a food preference could instead be administered by a competent professional authority as defined by 7 CFR 246.2. Instead of requiring a prescription from that physician or designated assistant, a WIC competent professional authority could conduct a nutritional reassessment and then, if necessary, alert the child's physician.

By allowing a WIC competent professional authority to administer the documentation for a child to receive soymilk and tofu as part of the *Package IV*, USDA would decrease administrative burden. This approach also helps WIC participants save money and receive the full nutritional benefits of the revised food packages.

Provide a Universal Ruling on Tofu Package Size Under Section § 246.10b(2)

USDA permits tofu to be substituted for milk at the rate of one pound of tofu per one quart of milk in *Packages IV, V, VI and VII* and provides for tofu in packages from 8-16 ounces. However, states do not consistently interpret this guidance. Some states authorize 8-, 12-, 14-, and 16-ounce packages and others only authorize 16-ounce packages of tofu. Most nationally distributed firm tofu comes in 12- and 14-ounce packages; whereas, silken (soft) tofu is in 8- and 16-ounce packages.

SANA requests USDA provide clear, universal guidance to states that allows more flexibility and authorizes the 12- and 14-ounce tofu packages as well as the 16-ounce tofu packages to fulfill the milk alternative requirements. For WIC participants, this will permit the firmer tofu, which is preferred by many families and is more widely distributed, as a source of calcium, cholesterol-free protein and other key nutrients.

Guidance to State on Additional Coagulants in Approved Tofu Products

USDA currently approved only calcium-set tofu prepared with calcium salts (e.g. calcium sulfate). Major tofu manufacturers with national distribution make tofu with calcium sulfate alone or in addition to magnesium chloride as a coagulant. Magnesium chloride has been used for a long time to set tofu and is not a flavoring or preservative. This salt should not be confused with sodium chloride, which is not permitted. Tofu with only calcium sulfate may not be readily available in many stores that WIC participants utilize, such as Wal-Mart. Magnesium chloride and calcium sulfate-set tofu is more nationally distributed, so more WIC participants will be able to obtain it. To meet the needs of a broad,

culturally diverse WIC population, USDA needs to expand the list of coagulants for tofu and include magnesium chloride.

Guidance to States on Authorizing Soyfoods

Due to USDA nutrient equivalency requirements for soymilk, many soymilk manufactures wishing to serve WIC participants have reformulated one soymilk to meet specifications and develop new distribution systems. Reformulation and redistribution takes time and is costly. Many WIC State agencies have required soymilks to be available statewide before they will be authorized for the program. Since WIC eligible soymilk differs from the soymilk previously stocked, soymilk companies prefer a state guarantee that the product will be included in the food package before introducing it into a state.

SANA requests USDA provide guidance to States that stresses statewide distribution of a product is not necessary prior to State agency authorization, but could be required within six months of State authorization of the soymilk. State WIC agencies should work with soymilk manufactures to identify the vendors and geographical areas to be targeted for distribution of reformulated soymilks.

Finalization of USDA Rule on WIC Food Packages

SANA understands there is on-going research into the implementation of the revisions to the WIC Food Packages. This research should shed light on any implementation issues that WIC agencies have encountered and determine the effectiveness of the revisions to the food packages. SANA recommends USDA not finalize the ruling on the WIC Food Packages until this research has been completed and submitted to USDA or permit amendments to specific sections of the final rule based on the research findings. Research of this magnitude may have significant insight not only into issues of medical documentation, tofu package size, and other limitations that have led to a lack of product availability, but it may hold some important information for USDA to consider before issuing a final ruling. With such a monumental undertaking—the revision of the food packages after nearly 30 years—nearing completion, it would be a shame to rush the final ruling or foreclose any additional revisions, before proper evidence on the implementation could be gathered, analyzed, and evaluated for any relevant additional information that can better help the WIC Food Packages serve all eligible women, infants, and children. However, finalization of the rule should be completed within six months of the completion of the research on implementation.

Soymilk and tofu manufacturers of North America want to assure WIC participants have access to nutrient-rich soyfoods. The Soyfoods Association of North America (SANA) appreciates the work USDA has done in making the WIC Food Packages promote a healthy, balanced lifestyle to a wide variety of low-income women, infants, and children. But, without revising the rules for medical documentation, package size, coagulant choice, and statewide distribution, the revised WIC food packages do not achieve cultural diversity. SANA encourages USDA to continue to work to make the food packages accessible and usable for all WIC participants by removing unnecessary barriers and providing universal policies that ensure access to soyfoods in all states.

Best regards,



Nancy Chapman, RD, MPH
Executive Director