

**Statement of  
Kiran Saluja, MPH, RD  
Deputy Director PHFE WIC Program**

**On behalf of the  
National WIC Association**

**Before the  
Committee on Education and Labor  
Of the  
United States House of Representatives**

**Hearing on  
Improving Children's Health: Strengthening Federal Child Nutrition Programs  
Tuesday 2 March 2010  
At 2:30 P.M.  
2175 Rayburn House Office Building**

Good morning Chairman Miller, Ranking Member Kline and distinguished Members of the Committee. I am honored by this opportunity to address the Committee and applaud your commitment to WIC and the Child Nutrition Programs.

I am Kiran Saluja, Deputy Director of the non-profit Public Health Foundation Enterprises WIC Program in Irwindale, California. PHFE WIC is the largest local agency WIC Program in the nation serving 326,350 participants every month. In our agency, we enroll 60,000 newborns annually, delivered at over 80 birthing hospitals in the nation's most ethnically and culturally diverse, densely populated counties – Los Angeles and Orange County, California.

I am testifying today on behalf of the National WIC Association (NWA), the education and advocacy voice of the over 9.2 million participants and 12,200 service agencies of the Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC. A copy of the Association's 2010 WIC Reauthorization recommendations and statement on WIC's Role in Preventing Maternal and Childhood Overweight and Obesity have been attached to my submitted testimony.

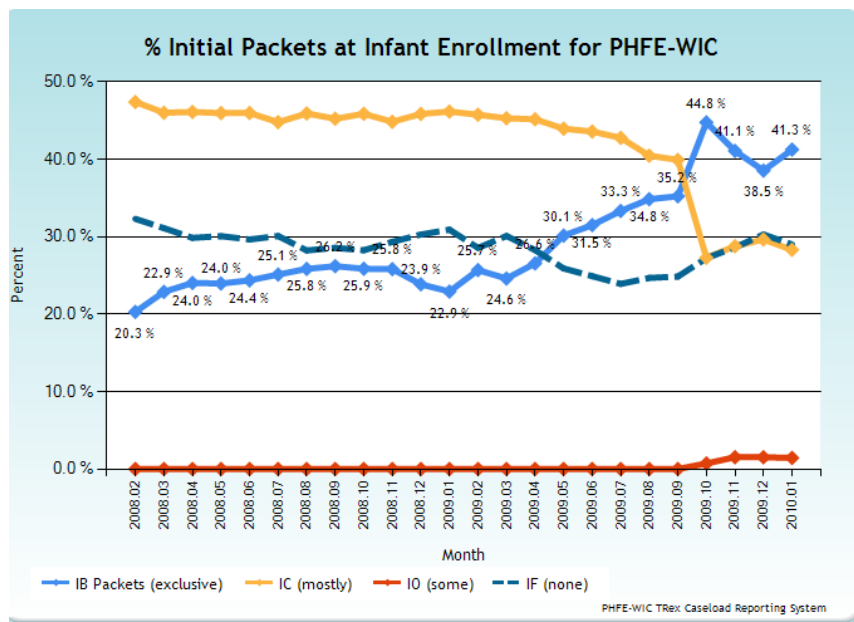
I am honored to have this opportunity to share some of our breastfeeding promotion, support and advocacy strategies and our successes.

"Breastfeeding is a natural "safety net" against the worst effects of poverty. If the child survives the first month of life (the most dangerous period of childhood) then for the next four months or so, **exclusive breastfeeding goes a long way toward canceling out the**

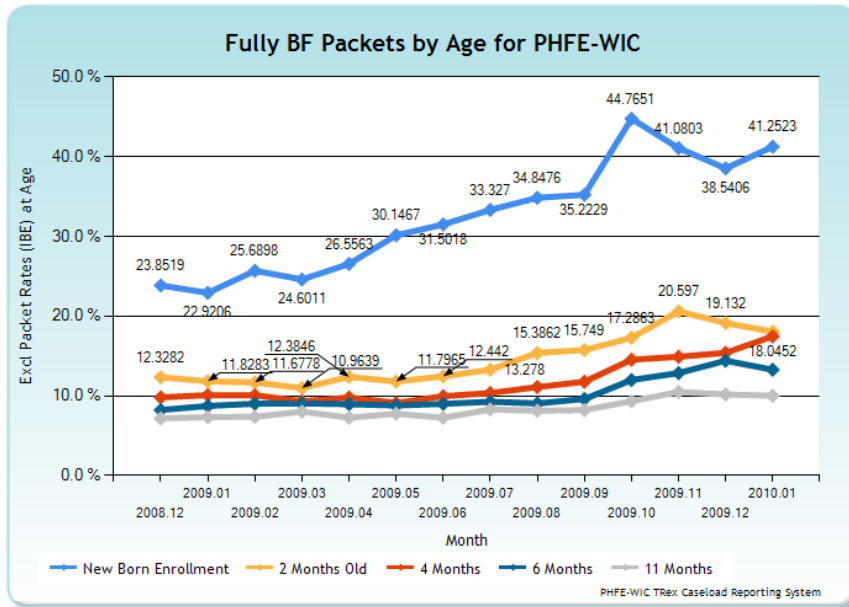
**health difference between being born into poverty and being born into affluence .... It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born."**

These words by James P Grant, former Executive Director of UNICEF, may well have been written for the millions of infants and children served by the WIC Program. This is because WIC, along with AAP, CDC, WHO and many other health organizations, has long understood that breastfeeding offers far-reaching benefits for mothers and babies. These organizations unanimously support exclusive breastfeeding as the preferred, normal and species specific way to feed babies for at least the first six months of a baby's life. Increasing exclusive breastfeeding rates among low-income women is a key strategy for health improvement in general – and particularly for the prevention of childhood obesity.

The collective efforts of WIC Programs across the country at promoting and supporting breastfeeding have resulted in an increase in breastfeeding rates. According to the most recent WIC Participant Characteristics Report, breastfeeding rates are at record highs-- 58% initiation and 28% at 6 months. It is true however that despite the continued rise in breastfeeding rates overall, these rates are lower than the Healthy People 2010 goal of 75% breastfeeding initiation and 50% at 6 months. At PHFE WIC our comprehensive collective efforts have demonstrated an increase in the numbers of infants breastfed at newborn enrollment. The dramatic effect of the changes to the WIC food package was most apparent in October 2009 when the rate of exclusively breastfed newborns enrolled in the PHFEWIC program jumped to a record high of 44.8%. (blue line in graph below)



There is also a slow but definite increase in the DURATION of breastfeeding among PHFEWIC's 60,000 infants as is seen in the graph below. Notice all ages depicted (2, 4, 6, 12 months) show a steady upward trend.



Last year, in the Agriculture Appropriations bill, Congress created huge opportunities for WIC to make quantum improvements in breastfeeding rates, which the WIC community is really excited about. The bill provided a major expansion of Breastfeeding Peer Counselor (PC) programs by increasing funding fourfold, as well as supporting (1) creation of a new performance bonus for states that achieve high rates or increased current rates of exclusive breastfeeding and (2) new funding for evaluations of program effectiveness. (Aside from the WIC appropriations, coverage for breastfeeding support, including the use of Peer Counselors, was written into all pending versions of health care reform legislation, since it has been approved and recommended by the US Preventive Services Task Force.)

As you know, the increase in PC funding represents a substantial increase, from \$20 million to \$80 million this fiscal year, which should enable state and local WIC agencies to assist many, many more WIC mothers with effective support for increased breastfeeding initiation, duration and exclusivity.

Coupled with the major policies around breastfeeding and infant feeding that were a key component of the WIC food package changes we implemented last October, this incredible boost in breastfeeding investment means that a real opportunity now exists for the WIC community to achieve – and document -- increased rates of exclusive breastfeeding in a population that is disproportionately impacted by the poor health outcomes including obesity, diabetes, and other chronic disease, which breastfeeding can help prevent.

Robust and well-designed evaluations of peer counseling and other breastfeeding interventions are critical in assisting state and local WIC agencies determine the most efficient and effective strategies for increasing the rates and duration of exclusive breastfeeding in our diverse population. The new WIC breastfeeding performance bonus can then be used to encourage state and local WIC agencies to adopt breastfeeding promotion and support strategies that really work. The performance bonus is a groundbreaking policy. For the first time in our history, this new provision challenges WIC to go beyond our important core function of serving all the families we can, to actually beginning to work towards concrete and measurable public health outcomes.

In 2005, the Institute of Medicine (IOM) recommended an enhanced breastfeeding food package to encourage and support mothers who choose to fully breastfeed. The USDA Food and Nutrition Service (FNS), in publishing its Interim Final Rule on the WIC Food Packages correctly emphasized the distinction between the fully breastfeeding food package and other food packages for women when it set the fruit and vegetable cash value vouchers for this food package at \$2 above the value for other food packages for women. These changes in the WIC Food Package provided WIC staff unprecedented opportunities to market the enhanced food benefits for “fully” (i.e., exclusively) and “mostly” breastfeeding mothers and babies. The fiscal year 2010 Agriculture Appropriations Act directed FNS to increase the fruit and vegetable cash value voucher to the IOM recommended value for all women to \$10, eliminating that important distinction.

### **I urge the Committee to**

- A. Maintain the enhanced value of the fully breastfeeding food package, as recommended by the IOM and as proposed by FNS in the Interim Final Rule, and direct FNS to set the breastfeeding fruit and vegetable cash value voucher for the breastfeeding package at \$12 vs. \$10 for all other women.**
- B. Maintain funding for robust and strategic evaluations of WIC, including the impact of breastfeeding, and food package changes on participant health behaviors and outcomes.**
- C. Support the Breastfeeding Performance Bonus and provide \$10 million in performance bonus payments (to be treated as program income) to State agencies that demonstrate the highest proportion of breastfed infants, as compared to other State agencies participating in the program; or the greatest improvement in proportion of breastfed infants, as compared to other State agencies. When providing performance bonus payments to State agencies, FNS should consider a State agency’s proportion of participating fully breastfed infants.**

WIC's breastfeeding education and promotion efforts are well in sync with the enhanced foods of the new WIC food packages for babies as well as mothers. Throughout the nation WIC staff received intensive training in how they would no longer be routinely providing infant formula in the first month, instead offering lots and lots of breastfeeding support. To reach extended duration and have mothers breastfeed fully to one year, the extra foods for babies at six months are expected to prove an added bonus. Staff is spending more time counseling new mothers and at subsequent visits working with mothers to resolve breastfeeding challenges to keep mothers as mostly or fully breastfeeding. All of this takes time. To allow sufficient time for ongoing breastfeeding support we must look at releasing precious minutes from other activities.

Currently states have the option to certify infants and breastfeeding women for one year at a time. However, the current eligibility period for children – who make up nearly two-thirds of those enrolled in WIC – remains every 6 months. This simple change would allow WIC frontline staff to redirect their focus from costly paperwork to the provision of nutrition education, enhanced breastfeeding support and anticipatory guidance.

**I urge the Committee to give States the option to certify children for one year.**

#### Peer Counseling Funding

The needs of WIC mothers for breastfeeding support vary greatly with culture, age, education, assimilation, employment, family support or lack thereof, and a host of other variables. Hospital practices are critical to affect positive or adverse outcomes. At PHFEWIC some of our WIC sites enjoy very high Fully Breastfeeding rates; at some sites over 80% of newborns do not use any infant formula and at two months over a third of the babies are still Fully Breastfed. However, at some of our sites the picture is quite the reverse!

At the sites with very low breastfeeding rates we have found Peer Counselors to be the solution! The additional funding for Peer Counselors was met with roars of approval and has infused WIC programs with the hope that they can really step up the support for our mothers. We, at PFFE WIC, are excited at the prospect of tripling the number of our Breastfeeding Peer Counselors from 7 to 21 of our 54 sites! Peer Counselors are undoubtedly an integral part of a spectrum of breastfeeding support however we must be realistic that we cannot provide their level of services and support out of regular Nutrition Services funding. The WIC community is grateful that this Committee and our partners at USDA recognize that Peer Counseling services are resource and funding intensive and have provide targeted funding for expanding the Peer Counseling program..

**The National WIC Association applauds the Committee for its support for Peer Counselors and urges that \$83 million be targeted for special nutrition education such as breastfeeding Peer Counselors and other evidence based diversified breastfeeding related activities. We urge Congress to give WIC agencies the flexibility to work collaboratively with health care partners to find the most**

## successful methods for supporting exclusive breastfeeding for six months in each community.

### Breastfeeding Broken Hospitals

It is my dream to see that every WIC baby gets a fair start in life through exclusive breastfeeding I want them to get the documented benefits, which include significantly reduced risk for infections and for chronic diseases such as diabetes, asthma, and obesity among children, as well as fewer visits to the doctor's office, fewer days of hospitalization, and fewer medications than children who are formula-fed. Newer studies from Europe have even demonstrated that breastfed children scored significantly higher on cognitive and IQ tests than control group children.

I have spent the past 25 plus years of my life working to realize my dream of seeing every WIC mom and baby breastfeed. WIC is unique in that it is the only federal nutrition program with a mandate, backed by serious funding, to promote and support breastfeeding. WIC breastfeeding education ensures that all enrolled pregnant women learn about the whys and "how to-s" of breastfeeding. They receive individual education, share their experiences in small groups, and get consistent support and encouragement to exclusively breastfeed.

Thanks in large part to the WIC Program's efforts, breastfeeding *initiation* rates among low-income women have increased in the last decade. However, *exclusive* breastfeeding rates remain challenged — indicating widespread supplementation of breast milk with formula. Using formula undermines breastfeeding because it interferes with a mother's ability to establish her breastmilk supply. *Duration* of breastfeeding beyond the first few months is also rare in the WIC population. Data from the CDC reported in 2009 in the Breastfeeding Report Card indicated that only **one in three** babies in the country were exclusively breastfed at three months and a mere **13.6 percent** at 6 months.(1) I can say with a great degree of assurance that WIC babies were a very small fraction of those numbers. In California, only about 18% of WIC mothers are still breastfeeding after the first three months. At my larger agency exclusive breastfeeding drops off rapidly with 41 percent of our mothers breastfeeding in the first month to merely 12 percent breastfeeding exclusively at 6 months.

Why are exclusive breastfeeding rates so low? In the face of intensified marketing of infant formula, inadequate infant-feeding policies in healthcare systems, and poor social supports, attempts to increase breastfeeding among WIC mothers to meet their self expressed goals can only be successful with comprehensive policy change in the institutions serving them. In particular, maternity hospital policies directly influence *all future breastfeeding behaviors* by either facilitating or undermining them. Sadly,

breastfeeding too often starts – and ends-- in hospitals during the first few hours of life. While some hospitals throughout the nation work collaboratively with breastfeeding professionals to assure a positive in-hospital breastfeeding experience, far too many are ***breastfeeding-broken*** hospitals.

By way of example, I would like to address a situation with which I am most familiar. Los Angeles County has the lowest breastfeeding rates – and the worst disparities -- in California. Unless a baby is born in one of four hospitals on the more affluent West side of the county, there is less than a 50% chance that a mother will breastfeed exclusively, especially if that baby's mother is low income and non-white. Nine out of California's 15 maternity hospitals with the *worst* rates of exclusive breastfeeding initiation are located in Los Angeles, with Orange County close behind.

WIC mothers who wanted to breastfeed and were confident that they could breastfeed are systematically undermined at every step once they enter ***breastfeeding-broken*** hospitals. Where mammals should be kept together with their young, babies are routinely taken away from their mothers at the very moments and hours that the breastfeeding instinct is the strongest and “skin to skin” contact is critical. Instead, babies are bundled into warmers and tucked into plastic bassinets with little bottles of infant formula conveniently placed inside. Mothers “recover” alone and babies are brought to them, often after a formula feed, sated and sleepy. Mothers feel dejected when the newborns nuzzle lazily at the breast, but show no desire to latch on.

This scene is repeated every few hours and the mother is convinced that her baby does not “like her breast”. She is unsure of how to hold her baby, hold her breast, may be in pain, and further may not speak the language of the hospital staff or be intimidated by the system. Many nurses, with busy charting demands and perhaps lacking breastfeeding related training, may add to the new mother's self doubts by passing unhelpful comments “Oh, your breast are so big”; “don't you know how to put your baby to the nipple”? Etc. At other times the baby may instinctively start suckling at the breast but, having previously been imprinted by the rubber nipple of the formula bottle which has a very different flow pattern, may not know how to “milk” the breast. The sucking is ineffective, milk flow slow and this of course frustrates the baby; the baby cries and gets off the breast, a caring nurse or relative offers another bottle, the baby guzzles hungrily and the die is cast! And another one bites the dust! One more WIC mother and baby leave the hospital, at best breast **and** formula feeding or, at worst, fully formula feeding! Their next stop is WIC ....not for breastfeeding support but for infant formula!

Every day frontline WIC staff experience frustration when they see firsthand how ***breastfeeding-broken*** hospital policies and practices sabotage a WIC mothers' desire to breastfeed in the critical first few days of life. These moms – who have previously indicated their desire to breastfeed -- return to WIC for their first post-partum appointment already bottle-feeding, with their milk supply already compromised.

Until *breastfeeding-broken* hospital policies change, WIC breastfeeding educators and mothers will continue to swim upstream. Until we address the wider issue of *breastfeeding-broken* hospital and healthcare policies and practices through strategic reforms, WIC will not see maximum returns from its huge investment in breastfeeding promotion and support: concrete and measurable health improvements for low-income families. Failure to address the stark differences in breastfeeding rates in the U.S. will exacerbate the deepening health and social inequities we face, and continue to generate increased public costs we cannot afford.

**An important place to start to help WIC succeed in its breastfeeding support and promotion efforts would be to fix the *breastfeeding - broken* hospitals! While I recognize this may be beyond the purview of this Committee, I am compelled to ask you to work collaboratively with your colleagues on the Energy and Commerce Committee and Ways and Means Committee to pass legislation that requires that all hospitals that receive Medicaid funds adhere, at a minimum, to a set of model policies that do not sabotage breastfeeding, and at best initiate steps to become a Baby Friendly Hospital.**

### Formula Marketing

Families with new babies are in a constant state of learning – feeding, changing, bathing, and soothing the baby. This can be a bewildering experience. New mothers are insecure about their breast milk supply; whether they are producing enough of this elixir that cannot be measured in ounces in a calibrated bottle and which the baby wants at very frequent intervals in the first few days. This in a world where formula feeding defines the normative model for infant behavior; families expect a baby to eat every three hours, sleep in between, and finish 2 -3 ounces at a feeding. BUT THAT IS NOT THE BREASTFED BABY NORM!! This baby eats a little bit all the time; newborns have teeny tiny stomachs that get filled up quickly. Moreover, mother's milk, being the perfect food, is digested quickly! WIC can promote breastfeeding to our sincerest heart's content, but how do we get breasts and apparently always hungry newborn breastfed babies to compete with the images of the contented cherubic formula fed babies promoted by Madison Avenue?

Advertisements about “comfort proteins” – there is no such thing – in one type of infant formula float around a happy baby on TV, while DHA supplemented formulas claim to be just like “mother's milk in a can” and new “designer formulae” hit the market at regular intervals (Lipil today, Premium tomorrow, Lactofree today and Sensitive tomorrow!). With smart salespersons who regularly stalk hospital nurseries and pediatrician's offices, new formulae find willing peddlers in health care staff who want to “help” mothers with a can of the latest sample! Can mother's milk compete in this market?

Coincidentally, just when WIC education about the miracles of colostrum (the first milk) and the innumerable benefits of breast milk begins to resonate with mothers at about two



weeks post partum there is an incredibly timed delivery of FREE INFANT FORMULA, or/and coupons for formula at the mother's doorstep. For the family this is like manna from heaven! The formula is given to the baby and the mother's breastmilk, produced by the body in a demand-supply continuum, further diminishes. What chance does breastmilk have in this battle for the baby share? Not a lot, as is evidenced by the billions of dollars spent by WIC on infant formula.

Infant formula companies battle for market share against a unique product: breast milk, a living food that contains hundreds of active biological substances that cannot be manufactured and are not present in infant formula. Truly a "designer" food, breast milk varies from woman to woman, from day to day and from hour to hour in response to the needs of that particular baby who was birthed by the mother. As breastfeeding rates have slowly and steadily increased, particularly among low-income women, the formula industry has grown more aggressive in its attempt to regain market share, particularly by pushing formula supplementation (i.e., combining breastfeeding and formula feeding).

In 1994, the United States signed on to the International Code for Marketing of Breastmilk Substitutes of the World Health Organization, which prohibits direct marketing of infant formula to mothers and health care providers. However, there are increasing reports that U.S. formula companies are violating the WHO Code through a number of means: routine and widespread direct marketing, including saturation advertising to mothers with billboards and magazine ads; detail marketing to healthcare providers; and provision of free formula to new and expectant mothers via discount coupons, direct free shipments of formula, and hospital discharge packs.

A 2006 Government Accountability Office (GAO) report documented marketing practices and how much formula manufacturers spend on them. As the U.S. birth rate levels off, growth in the domestic infant formula market is primarily being driven by price increases, not by the quantity of formula sold. To maintain profitability, formula manufacturers have raised their prices by creating a dizzying array of new product lines and additives that come with attractive—though scientifically questionable—health claims. Examples of claims for more recent formulations tout relief for "fussy babies" or "gas."

Although these products include FDA-approved "designer" ingredients, which have been "generally recognized as safe" according to FDA standards, the direct health benefits of these additives have *not* been proven. The most disturbing direct advertising for these more expensive "new" formulas subtly undermines the obvious and proven superiority of breastfeeding by positioning formula as more and more equivalent to breast milk, as demonstrated by the following text on a company website: "*Closer Than Ever to Breast Milk!...The first and only infant formula that has a unique blend of prebiotics, nucleotides, and antioxidants -- nutrients naturally found in breast milk. Plus, it has DHA and ARA, ingredients shown to help your baby's brain and eyes.*" WIC providers report that this kind of marketing is causing confusion among WIC participants using infant formula, who sometimes ask if WIC provides "the breast milk in a can."

**Thus another important way to help WIC promote and support breastfeeding, would be for the Committee in collaboration with your partners in Congress to make a determined effort to eliminate or sharply curb the blatant direct marketing of infant formula, which violates the WHO code and targets vulnerable low income women of color.**

### Breastpump funding

WIC mothers at 3 - 4 weeks post partum face a whole new set of obstacles to their breastfeeding goals. The few, the determined, those that WIC staff are able to “rescue” and who are still breastfeeding without formula may have to think about returning to work!

California and twenty-four states, the District of Columbia and Puerto Rico **have laws related to breastfeeding in the workplace** (Arkansas, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Maine, Minnesota, Mississippi, Montana, New Mexico, New York, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington and Wyoming).

Many WIC programs advocate for their working breastfeeding mothers and many, thanks to the support of this Committee and Congress, have breastpumps that are loaned free of charge to WIC participants so they can pump breastmilk while at work. Needless to say, at PHFEWIC, we do not have enough breastpumps to support all our working mothers. Pumps are given preferentially to those women whose babies are in the Neonatal Intensive Care Units (NICUs) with only the remaining pumps going to the WWPP (working women pump program). A study of this program showed that WIC working mothers, who received a pump from the WIC program, exclusively breastfed for 120 days MORE THAN comparable working mothers who were not able to get a breastpump from WIC. (JHL, 2008, Meehan et al).

**In 1999, Congress approved a National WIC Association proposal to allow the use of food dollars for the much needed purchase of breast pumps to support working mothers. In 2005-2008, as the nation began to experience a growth in the numbers of women and families in poverty and an increase in the working poor, the Program was forced to turn to contingency funds to support rapidly expanding caseload. USDA placed restrictions on the use of those funds, preventing WIC agencies from purchasing breastpumps with those resources. I urge the Committee to direct USDA to allow use of contingency funds for breast pump purchase to guarantee breastfeeding mothers the critically necessary feeding aids to support their healthy breastfeeding choice in the workplace.**

## Federal Breastfeeding Support

Appreciating the external challenge we face in the WIC Program, Congress has recognized the importance of WIC breastfeeding promotion and support and has steadily increased the funding available to support this effort. WIC staff has not only embraced, but championed breastfeeding personally and professionally. Within WIC we have clearly established breastfeeding as the expectation and the norm.

Like other WIC agencies across the nation, PHFEWIC has embraced the culture of breastfeeding and assures a breastfeeding - friendly work environment. The 700 or so employees at PHFEWIC give birth to 22 to 28 babies every year and largely due to an effective employee perinatal support program almost all of our staff breastfeeds exclusively in the hospital, at six weeks, and when they return to work. Indeed, we have some very long term breast feeders (beyond 2 years) and even have staff that have tandem breastfed (2 babies, different ages: 2 months and 17 months). Our staff enjoys incredible support from the time they report their pregnancy until they stop breastfeeding. They are better counselors for having had such good personal experiences and working in such supportive environments. Staff support for breastfeeding is a common thread for WIC programs throughout the nation. For staff, WIC *is* the breastfeeding *mecca*.

Our participants, however, live in the REAL world! They make forays into the WIC breastfeeding world once a month, but then return to their “formulagenic” world and may access other services and programs – many of them federally funded – that are not breastfeeding friendly. As an example, WIC moms who are TANF recipients are required to attend trainings after they have delivered their babies. They are discouraged to attend with their newborn -3 month old babies; this is NOT a breastfeeding friendly policy. Staff at various assistance programs have been known to ask women to leave the premises if they breastfeed their babies. This, too, is NOT a breastfeeding friendly policy. The bottom line here is that we must do everything in our power to support WIC in its efforts to make breastfeeding the cultural norm.

On behalf of the National WIC Association, I urge the Committee to:

- a. Emphasize “breastfeeding promotion and support” as an integral part of nutrition education and add such language (breastfeeding promotion and support) to each citation related to WIC for nutrition education in the Child Nutrition Act of 1966.**
- b. Ensure that ALL federal programs serving families, in particular, but not limited to the Supplemental Nutrition Assistance Program and the Child Care and Adult Food Program are breastfeeding friendly and that the employees have, at a minimum, a clear understanding that breastfeeding mothers and babies will be supported.**

## WIC - led Collaboratives

Slightly more than one out of every two infants born in the US participates in the WIC program. For the PHFEWIC program this translates into 5000 new babies each month. While we can, (and we HAVE) changed WIC policy, procedures, food benefit packages, created special funding for Peer Counselors, and recognized the need to fund the purchase of breast pumps, the reality is that WIC breastfeeding efforts do not exist in a vacuum. Our families live in the REAL world, not the breastfeeding utopia that many WIC sites have become. The best news is that we have willing and eager partners that are hungry to join hands with us and collaborate to effect the environmental changes that will ultimately lead to the optimal duration of exclusive breastfeeding.

WIC Programs across the nation work hard to collaborate with all manner of partners to encourage breastfeeding success. In the Los Angeles area the various local agencies that provide WIC services came together over 15 years ago and partnered with the La Leche League, local lactation professionals, hospital staff and breastfeeding moms to form a coalition: The Breastfeeding Task Force of Greater Los Angeles. Today this Task Force is a respected national entity, sought out by local, state and federal funders to provide a myriad of programs and projects to impact breastfeeding. WIC and the Task Force collaborate on privately funded projects to advocate for WIC participants, to make the workplace more breastfeeding friendly, and to keep up the pressure to move hospitals along the path to becoming Baby Friendly.

Exemplifying collaborative partnerships, NWA is hosting a special Breastfeeding Summit here in Washington D.C. on Tuesday, March 9, 2010 to shine the spotlight on the assortment of successful WIC initiatives throughout the nation and to promote, support and advocate for breastfeeding mothers and babies enrolled in the WIC program. As the nation's premier public health nutrition and prevention program with a clear funded mandate to promote breastfeeding, WIC is staking its rightful claim as the nation's breastfeeding support and promotion leader and inviting partners to join hands with us.

**Full engagement and leadership in local or state collaboration efforts focused on breastfeeding promotion, while desirable and necessary, present challenges for many WIC programs due to resource limitations and staffing constraints. Resources are sorely needed to create WIC - led breastfeeding collaboratives which aim to bring key stakeholders together to ensure seamless breastfeeding support for low income women in their communities.**

WIC mothers and babies need the same opportunities and support to breastfeed their babies fully like their wealthier, more educated, mainly white sisters, who are outside of the WIC world. Our challenge is to reduce the chasm between the breastfeeding rates among WIC and non -WIC populations and have good credible sources of data to evaluate our progress. Across the nation, dedicated, creative and indefatigable WIC staff roll up their sleeves everyday and get ready to promote and support breastfeeding.

There is a new enthusiasm in the air, the buzz around the supportive food package, the funding for Peer Counseling, the growing recognition that breastfeeding can play a major role in improving the health and well-being of an entire new generation of citizens. We are pinning our hopes on you. I want to sincerely thank you, members of the Committee, for allowing me to share a bit of my passion with you today.