

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

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

Dear Ms. Daniels:

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

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

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

Currently, canned tuna is the only animal meat protein source offered by WIC programs (with the exception of the WIC programs offered in Alaska and Hawaii.) In 2003, the Hawaii Department of Health applied for and received an exemption from USDA to grant

Hawaii WIC dispensation and allow canned salmon -- which contains, on average, far less mercury in fish tissue -- to replace canned tuna. The request was justified primarily due to high rates of exposure to mercury by indigenous populations who eat above average amounts of fish.

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

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

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

Given the very high levels of mercury found we strongly recommend that light canned tuna also be eliminated from the WIC program, at least until FDA conducts its own testing and comes up with clear and viable recommendations to advise sensitive populations about the light canned tuna with higher mercury levels. Not only do nursing mothers pass methylmercury on to their newborns and to their developing fetus—should they become pregnant again—but those WIC recipients who consume light canned tuna can realistically be expected to share it with their other children through family meals. Yet eating just one six-ounce can of light tuna a week with mercury levels above 0.3 parts per million would cause an average-sized 140 pound woman—and nearly all

children—to exceed EPA’s recommended maximum allowable dose of mercury, the “reference dose.”

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

Sincerely,

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