then cross the Rio Grande and make it
free. Or they’d outlast the Border Pa-
trol agent and then they’d step back
onto U.S. territory and then the agent
would come back. They’d play this cat
and mouse game. It could easily be
solved with a border fence. It could eas-
ily be solved with actually real border
security.

This isn’t border security that we’re
going to do because we’re upset, be-
cause we are upset. But because I be-
lieve that we have to have real immi-
rigration reform in this country. Things
like high-skill visas are very impor-
tant, but allowing people who want an
opportunity to come to the United
States to do so through a legal process.

The problem that we have set up
now, though, and really frankly the sad
part about it is a lot of these immi-
grants believe that the second they set
foot in the United States of America,
everything’s going to be good. Every-
thing’s going to be all right. And we
agree. This is the greatest country in
the world. The problem is once many
of these immigrants step into the United
States, America, their journey was just
begun, because the other part of
where I worked in this mission over the
last week was about 50 to 100 miles in-
land in Texas, as we would find people
hunkered down in moss, very thick
brush, there would try to wade and
rely on their guides. In many cases
their guides would vacate when they’d
hear Border Patrol, and they’d run
away from these groups of people hid-
ing in the brush and would leave them
stranded in the middle of the Texas
plains without water, without food, with-
out any knowledge of where they’re going. In fact, in this sector I
was working last year, there were 200
dead bodies found, and that’s only a
fraction of those that actually die on
this journey.

So I believe that border security is
important so that we can set up a situ-
ation in which those that want to come
to our country and America, their jour-
ney could go through the legal process of living in
the United States or eventually becom-
ing a United States citizen, and we’re
not creating a situation in which many
of these immigrants are coming and
frankly losing their lives.

I’ve talked to Border Patrol, and the
interesting thing is now I did it out of
the capacity as a U.S. Congressmen, al-
though of course they knew what I did
in my other job, and I said, if I could
take one thing back to Washington,
what would it be? And they said, yes, if
you take back one thing to Washing-
ton, tell them that even though the Sec-
retary is saying that the border is se-
cure, even though the administration
is saying the border is secure, it is not
secure. Take that back. We need more
border patrol agents, we need the fence, we need the ability to do our job.

They’re prevented from doing legal
things that are humane to apprehend in
many cases folks running with dope.
I respect that and I appreciate it, and
I think it’s a tradition we need to con-
tinue. But I believe the first step to real
immigration reform is border se-
curity. And I will tell you, Mr. Speak-
er, my trip to the border for a week as
a pilot in the Guard opened my eyes to
the fact that we are continually expos-
ing ourselves not just to dope and
drugs being run into this country but
into a potential of a terrorist attack on
the United States and a weapon that
was run through the border of Mexico,
because it’s done every day.

Mr. Speaker, I agree with those
that are saying we need immigration
reform in this country, and I’m a be-
liever in that. I believe it’s time that
we understand and talk about the fact
that America is a nation built of immi-
grants. My third or fourth generation
alone can’t even imagine. I respect

H1866
CONGRESSIONAL RECORD — HOUSE
April 10, 2013

END HUNGER NOW

The SPEAKER pro tempore.

The Chair recognizes the gentleman from
Massachusetts (Mr. MCGOVERN) for 5
minutes.

Mr. MCGOVERN. Mr. Speaker, my
grandmother used to say an apple a
day keeps the doctor away. When she said that, but you know, Mr.
Speaker, she was right. Good, nutri-
tious food will keep you healthy. That’s because food is medicine.
Fruits, vegetables and other healthy
foods like beans, legumes, grains and
proteins are critical for proper devel-
oment. Simply put, healthy people eat
healthy food.

The opposite is also true. The more
junk food we eat, the less healthy we
are. But there are different reasons
why people eat less nutritious food.
Many people choose to eat non-nutri-
tious food, but there are many others
who cannot afford to buy healthier op-
tions. These low-income households
have to stretch their food dollars in
order to make ends meet.

This requires them to buy less nutri-
tious, high-calorie foods that are more
affordable on a fixed income. This is
why we can have an obese hungry per-
son. They’re filling their stomachs
with food that isn’t good for them, sim-
ply because it’s all they can afford or
all they have access to.

This kind of diet has long-term nega-
tive effects on individuals and on the
communities where they live. Mr.
Speaker, when we talk about ways to
End Hunger Now, we must look at the
way the quality of food, or the lack of
quality, is impacting hunger in Ameri-
cana.

In a 2011 report entitled, “Hunger in
America: Suffering We Are All Paying
For,” the Center for American
Progress estimated that the health
costs for hunger are at least $130 bil-
lion each year, $120 billion a year, just
for health costs related to hunger.

The authors of the report examined
medical research and found that there
are serious medical consequences di-
rectly related to hunger. Specifically,
this research found that there is likely
to be higher rates of iron deficiency,
headaches, stomach aches, frequency of
colds, activity-limiting health impair-
ments, specific nutrient deficiencies,
including iron, calcium, zinc, and patient
stays, and poorer overall health status.

Along with these physical health
issues, there are also mental health
conditions attributable to hunger, in-
cluding anxiety and irritability, depres-
sion, withdrawn behavior, psycho-
social dysfunction, suicidal thoughts
and behaviors, and a need for mental
health services.

The response is clear. Mr. Speaker.
We must treat hunger as a health
issue. It frustrates me that we in Con-
gress still act like it’s a better option
to spend over $130 billion in hunger-re-
related health costs than to actually pre-
vent hunger in the first place.

Last month, in March, ProMedica
and the Partnership to Fight Chronic
Disease released a white paper called,
“Addressing Hunger Essential to Im-
proving Health.” This paper details
how critically important it is to treat
hunger as a health issue. The white
paper points out the importance of
all ages, from pregnant women to chil-
dren to adults to seniors, suffer from a
lack of nutrients found in healthy foods.
The lack of nutrients results in serious
health issues, the very same issues that
cost our Nation over $130 billion in health care costs alone.

That’s nuts.

Doctors and nurses should be looking
for signs of hunger in their patients.
Medical students should have more
courses on nutrition. They should be
treating hunger just like any other
condition. If someone has high blood
pressure or a rash, they get a prescrip-
tion to treat that problem. Doctors
should be writing food prescriptions, if
that’s what it takes to get nutritious
food to the food insecure.

Health care organizations like
ProMedica in Ohio and Michigan,
UMass Memorial in Worcester, Massa-
achusetts, and Children’s Health Watch
in four locations, including Boston
Medical Center and Drexel University,
are trying to right this wrong. They
promote health and wellness in gen-
eral, but they are also treating hunger
as a health issue. They are working to
reduce the number of hospital readmis-
sions by including food security in
their patients’ discharge plans. They
want to make sure that people don’t
need to be readmitted to a hospital be-
cause they suffer from a setback sim-
ply because they don’t have food to eat
when they leave the hospital. They are
also working to raise awareness about
nutrition and exercise and to increase
access to healthier food in underserved
areas.

Mr. Speaker, we need to learn from
these organizations and others. That’s
why I believe it is so important that
the White House convene a conference
on food and nutrition. We are not going
to end hunger now if we don’t bring the best and the brightest minds together in one place, including doctors, nurses, nutritionists, dietitians, and other health professionals. We need a national plan of action, and the best way to begin is with a White House conference.

Mr. Speaker, we know that healthy food builds healthy bodies. We know that by ignoring hunger, our Nation pays hundreds of billions of dollars in health care costs. We know that nutritious food is good medicine for body and mind.

Mr. Speaker, in the United States of America, the richest, most prosperous nation on Earth, hunger should not be an issue. We need to come together now. We need to come together now. We need the President to lead on this. We need to come together and end hunger now.

CANCER PATIENT PROTECTION ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Mrs. ELLMERS) for 5 minutes.

Mrs. ELLMERS. Mr. Speaker, I rise today to discuss H.R. 1416, the Cancer Patient Protection Act of 2013.

On April 1, 2013, the Obama administration reduced Medicare payments to the cancer-fighting drugs. This is having a devastating impact on seniors fighting cancer and the Nation’s cancer care delivery system, which is already in crisis.

The Centers for Medicare & Medicaid Services, or CMS, has decided that it does not have the authority to stop these devastating cuts to lifesaving chemotherapy drugs. That’s why yesterday I introduced the Cancer Patient Protection Act of 2013, H.R. 1416, to ensure seniors, especially those on lower or fixed incomes, get the treatment they need.

The cuts the Obama administration is choosing to implement will jeopardize patient access to cancer care and result in higher overall costs for both seniors and the Medicare program by forcing patients into costlier hospital treatment settings.

The United States enjoys the most respected and most successful cancer care delivery system in the world. More than 60 percent of U.S. cancer patients rely on Medicare; and, until recently, over 80 percent of the Nation’s cancer patients were treated by physicians in the community setting.

According to recent studies by Milliman and Avalere, community oncology clinics provide the most cost-effective model for delivering high-quality cancer services to elderly Americans. Despite this, a series of changes to Medicare reimbursements over the past decade have imperiled these vital innovators. Medicare has decided to apply the sequester cut both to payments for part B drugs and to the 6 percent services payment.

A recent survey done by the Community Oncology Alliance shows the CMS cuts will force 72 percent of community cancer centers to stop seeing new Medicare patients, or not see Medicare patients without secondary insurance, and keep hundreds of millions of dollars from going to cancer centers that treat uninsured, low-income seniors, especially the vulnerable population of seniors who rely on Medicare and those on fixed incomes and lower income individuals whose options are already limited.

Fortunately, the Secretary of Health and Human Services has the authority to protect against further destabilization of the community cancer care safety net.

The Office of Management and Budget, OMB, directed all Federal agencies to “use any available flexibility to reduce operational risks and minimize impacts on the agency’s core mission in service of the American people” and to “identify operational challenges that could potentially have a significant deleterious effect on the agency’s mission or otherwise raise life, safety, or health concerns.”

Further, the Social Security Act compels the Secretary to adhere to the Average Sales Price-based formula that Congress established under the Medicare Modernization Act of 2003. The Social Security Act expressly mandates that the Secretary reimburse physicians at 106 percent of ASP for office-administered drugs, providing detailed directions to the Secretary on how to calculate the average sales price.

Congress has distinguished the Medicare drug payment methodology, and these provisions warrant deference under sequestration and guidance from the OMB.

By passing this bill, we are ensuring that everything can be done to prevent these cuts from going into effect. I encourage my colleagues to support this important piece of legislation.

IMMIGRATION REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. VARGAS) for 5 minutes.

Mr. VARGAS. Mr. Speaker, I rise in favor of comprehensive immigration reform.

I would like to thank my colleague from Illinois, who spoke earlier about his experience, saying that he believes in comprehensive immigration reform. I do, too. I just wish that when he was asked, or when he asked the Border Patrol agent, “If there was one thing you could bring back to Congress, one thing, what would it be?” I wish that that gentleman would have said his Administration should have said, “Bring your Bible. That will give you the best guidance. Bring your Bible.”

I believe, Mr. Speaker, I am allowed to read from the Bible. Is that correct? No one will come and tackle me? I’m new at this. It’s my first year here, and I hope I’m not violating any law. But if I am, I’m going to do it anyway.

I would like to read from Matthew 25, because Matthew 25 speaks to the judgment. I think it is very important for us to read this section.

It reads like this:

When the Son of Man comes in His glory, escorted by all the angels of Heaven, He will sit upon His royal throne and all the Nations will be assembled before Him, and He will separate them into two groups as a shepherd separates sheep from goats. The sheep He will place on His right hand, the goats on His left. The King will say to those on His right, “Come. You have my Father’s blessing. Inherit the kingdom prepared for you from the creation of the world. For I was hungry and you gave me food; I was thirsty, and you gave me drink; I was a stranger, and you welcomed me.

“I was a stranger and you welcomed me.” Who is the stranger? Who is the stranger among us that we welcome? I’ll tell you who the stranger is among us. Who is the wife of the soldier that we spoke to 3 weeks ago here in Washington when he came and he testified and said:

I’m not afraid of dying in Afghanistan or Iraq. I’ve been on three tours of duty. What I’m afraid is that my family will get deported because she’s undocumented, and then who will take care of my children?

She is the stranger, the soldier’s wife.

Who is the stranger? Who is the stranger among us? Who is this least among us? I’ll tell you who it is. It’s the child and the parents who are here, where the child is born here. He’s an American citizen, but the parents weren’t, so the parents can get deported and you break the family apart. We deport the parents and we don’t know what happens to the children because they go to strangers. We break this family.

Who is the stranger? Those parents, that child. How we treat them is how we’re going to be judged.

We have an opportunity here before us, and I’m very thankful now for the churches in this country. The Catholic Church for many years has been saying, We need humane, comprehensive immigration reform. If U.S. immigration reform is to be fair, it must be comprehensive. The Church’s catechism says: The stranger is the soldier’s wife; the stranger is the child whose parents are going to be ripped away from them. He is, in fact, the people