

then cross the Rio Grande and make it free. Or they'd outlast the Border Patrol 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 easily be solved with actually real border security.

This isn't border security that we're going to do because we're upset, because we're angry, but because I believe that we have to have real immigration reform in this country. Things like high-skill visas are very important, 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 immigrants believe that the second they set foot in the United States of America, everything's going to be good. Everything'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 of America, their journey has just begun, because the other part of where I worked in this mission over the last week was about 50 to 100 miles inland in Texas, as we would find people hunkered down in moss, very thick brush, as they 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 hiding in the brush and would leave them stranded in the middle of the Texas plains without water, without food, without 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 situation in which those that want to come here legally can do so and can go through the legal process of living in the United States or eventually becoming 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. Congressman, although 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, if you take back one thing to Washington, tell them that even though the Secretary is saying that the border is secure, 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 and trying to escape, giving them the opportunity to do what they need to do.

So, Mr. Speaker, I agree with those that are saying we need immigration reform in this country, and I'm a believer in that. I believe it's time that we understand and talk about the fact that America is a nation built of immigrants. My third or fourth generation ahead of me came over from Germany. I respect that and I appreciate it, and I think it's a tradition we need to continue. But I believe the first step to real immigration reform is border security. And I will tell you, Mr. Speaker, my trip to the border for a week as a pilot in the Guard opened my eyes to the fact that we are continually exposing 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.

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. I hated it when she said that, but you know, Mr. Speaker, she was right. Good, nutritious 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 development. 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-nutritious food, but there are many others who cannot afford to buy healthier options. These low-income households have to stretch their food dollars in order to make ends meet.

□ 1030

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

This kind of diet has long-term negative 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 America.

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 were at least \$130 billion each year. \$130 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 directly 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 impairments, specific nutrient deficiencies, more hospitalizations, longer inpatient stays, and poorer overall health status.

Along with these physical health issues, there are also mental health conditions attributable to hunger, including anxiety and irritability, depression, withdrawn behavior, psychosocial 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 Congress still act like it's a better option to spend over \$130 billion in hunger-related health costs than to actually prevent 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 Improving Health." This paper details how critically important it is to treat hunger as a health issue. The white paper points out that hungry people of all ages, from pregnant women to children 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 health 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 prescription 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, Massachusetts, 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 general, but they are also treating hunger as a health issue. They are working to reduce the number of hospital readmissions 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 because they suffer from a setback simply because they don't have food to eat once 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, Mr. Speaker. 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 costs of 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, CMS, said 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 innovations. The administration 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/or send Medicare patients elsewhere for treatment, such as costly hospitals, where treatment costs more.

When community cancer centers are forced to close their doors or limit services, access to cancer care is compromised for all cancer patients, 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 and address 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 Bible, because that's what he should have said, "Bring your Bible. That will give you the best guidance. Bring your Bible."

I believe, Mr. Speaker, I'm 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's very important for us to read this section.

□ 1040

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 then 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 we welcome. The stranger 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 wife 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. They've said it loud and clear. And now the evangelical churches are out there saying the same thing. God bless them. And I know that they're praying, and I know that my parish is praying that we'll all open our hearts to this.

I have to tell you, I haven't been here long, but I do get the opportunity to pray with my colleagues on the Republican side, and they are great people with great heart, and I hope that God speaks to them at this point in time and 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