

honor of National Homelessness and Hunger Awareness week, I would like to take a moment to speak about those who are all too often overlooked, the homeless and the hungry.

Each and every day, millions of Americans face the uncertainty of when their next meal will be or when they will be able to feed their family. On any given night, a disgraceful number of Americans face the uncertainty of not knowing where they will sleep. Sadly, many have nowhere to turn. These Americans live in both large States and small, in urban centers, and small, rural towns across the country. These are men, women, and children who live, work, and attend schools in our communities without the basic needs of food security and a place to call home.

There are nearly 3,000 Vermonters who do not have a roof over their head each night. And while organizations like the Committee on Temporary Shelter, COTS, Spectrum Youth and Family Services, and the Vermont Coalition for Runaway and Homeless Youth do their best to provide emergency shelter, services, and housing for people who are homeless or marginally housed, the need far outweighs their capacity.

Nationally, we have made some progress to address this issue and have seen the number of individuals experiencing chronic homelessness and homeless veterans significantly decrease. Unfortunately, the face of homelessness is changing, and the number of families facing homelessness has dramatically increased. Shelters are seeing an unprecedented number of families. Many of these families have at least one adult who is working full time, but who does not earn enough to afford a place to live. Of the 4,244 people who used emergency shelters in Vermont last year, 952 of them were children. We know that children who experience homelessness suffer from high rates of anxiety, depression, behavioral problems, and below-average school performance. Regrettably, shelter workers are beginning to see the first signs of generational homelessness. This is unacceptable, and we owe it to those children and families to do more.

Across the country nearly 1 in 6 people faces hunger on a daily basis; 1 in 5 children are living in a household with food insecurity. In a Nation where \$165 billion worth of food goes to waste each year, it is clear that there is enough food to feed everyone in America. We need to do a better job of getting that food to those who need it most. For the more than 84,000 Vermonters facing food insecurity, the Supplemental Nutrition Assistance Program, SNAP, known as 3Squares in Vermont, is a lifeline helping to feed their families. SNAP is our single most important anti-hunger program providing assistance to nearly 49 million Americans in need of help to afford food. With so many Americans still struggling to put

food on the table, it is deplorable that some in Congress continue to call for reductions to food assistance as a way to solve our Nation's deficit problems.

No one can deny the effects of hunger on Americans, especially children. Children who live in food insecure homes are at a greater risk of developmental delays, poor academic performance, nutrient deficiencies, obesity and depression. Yet participation in food assistance programs turns these statistics on their head. Federal nutrition programs have been shown to decrease the risk a child will develop health problems and is associated with decreases in the incidence of child abuse. Children from families who receive food stamps have a higher achievement in math and reading and have improved behavior, social interactions and diet quality than children who go without.

Two-thirds of SNAP beneficiaries are children, the disabled, or the elderly who cannot be expected to work. The remaining participants in the program are subject to rigorous work requirements in order to receive continuing benefits. While SNAP offers crucial support to a family's grocery expenses, the benefits far from cover a family's food expenses. With a benefit average of about \$1.25 per person, per meal, it is understandable that families typically fall short on benefits by the middle of the month.

Across the Nation, wages have remained flat as prices for every day essentials like food, heat, and especially housing, continue to rise. At the same time, as more families find themselves in need of some help, the programs that provide that safety net have been devastated by cuts over the past several years and continue to be targeted for even further reductions in the name of protecting tax loopholes for corporate jets and oil companies.

The budget decisions made in Congress have real impacts for real people. Reductions to funding for the organizations providing emergency shelter, or programs that build much needed affordable housing, means more Americans face housing insecurity. Cuts to the SNAP program means benefits will run out earlier in the month and even though donations to food banks and soup kitchens are down, they will see a record number of families looking for a little help to just make it to the next month.

As the budget conferees discuss a path forward, it is essential that they find a common sense compromise to replace sequestration and put an end to the deficit reduction on the backs of those most in need. There are just too many people that are one unforeseen expense away from a desperate financial situation that could result in them losing the roof over their head, and the means to feed their family. We can all agree that there is something fundamentally wrong with the reality that children living in one of the wealthiest nations in the world do not know when they will get their next meal and do not have a safe place to sleep at night.

Every child in America deserves a fair shot. This is why I have championed the Runaway and Homeless Youth Act. Programs authorized by the RHYA have successfully helped countless runaway and homeless youth and their families in Vermont and across the nation over the last 30 years, but we can and must do more. We must recognize the importance of investing in our Nation's youth, and direct resources where they are needed most. Programs authorized by the RHYA expired at the end of September. I hope that we can work to reauthorize and improve RHYA by addressing the needs of children in the most vulnerable communities, and provide services that meet the needs of youth who identify as LGBT and the young victims of trafficking or exploitation. We need more training and resources to help our grantees meet the needs of young victims, and that is what the Runaway and Homeless Youth Act provides.

There are families that are having difficulty making ends meet. We must pass a farm bill that does not include the extreme House cuts to SNAP benefits at levels 10 times as high as the bipartisan Senate bill and nearly twice as high as the House's original bill. Those cuts would mean that each year, an average of three million people will be kicked off food assistance, and hundreds of thousands of children will lose access to school meals. I hope that the bipartisan efforts of the Senate to pass a responsible farm bill will help produce a good farm bill out of conference that does not contain these deep and damaging cuts to food assistance.

We owe it to the American people to put politics aside and especially during this time of year, to give a voice to those who are most in need, to those often overlooked and marginalized and to start making meaningful progress to eliminating homelessness and hunger in this country.

TRIBUTE TO JAMES L. HURLEY

Mr. McCONNELL. Mr. President, I rise today to congratulate a friend of mine and a good friend to the Commonwealth, Mr. James L. Hurley, on his recent inauguration as the 20th president of the University of Pikeville. A graduate of the class of 1999 himself, President Hurley's new post makes him the school's first alumnus to serve as president.

President Hurley was sworn in last month at the Eastern Kentucky Expo Center in Pikeville, KY. He succeeds former Governor Paul Patton in the position. Patton previously appointed Hurley as the institution's vice president and special assistant. James is a native of eastern Kentucky and is married to Tina, also an alumna of the University of Pikeville.

President Hurley, after earning his bachelor's degree at the institution he now leads, earned a master's degree in educational leadership from Indiana

University, a rank I in instructional supervision from the University of Kentucky, and a doctorate in higher education leadership and policy at Morehead State University. As an undergraduate he was a student-athlete on the Pikeville men's basketball team.

I commend President Hurley for his great achievement in reaching this position and certainly wish him all the best in his leadership of the University of Pikeville. I look forward to working with him to accomplish great things for the school, the region, and the Commonwealth.

Mr. President, an article that appeared in the University of Pikeville campus newspaper after the announcement of his ascension to the presidency described James L. Hurley's accomplishments and goals in his new position. I ask unanimous consent that said article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the University of Pikeville Campus Publication, May 21, 2012]

HURLEY NAMED UNIVERSITY OF PIKEVILLE PRESIDENT-ELECT

Pikeville, KY—The University of Pikeville Board of Trustees has named James L. Hurley president-elect of the institution, effective July 1, 2013. Hurley currently serves as the vice president for enrollment and retention and special assistant to the president.

The action was taken during the board's spring meeting May 18. University President Paul Patton informed the board that he would not ask for an extension of his contract, which expires June 30, 2013.

"The Patton-Hurley team has brought us tremendous progress," said Board Chairman Terry Dotson. "The Hurley-Patton team will continue that progress."

An experienced educator and administrator, Hurley spent 11 years in the public education system, serving in numerous roles, including as principal, assistant principal, dean of students, teacher, and athletic coach. He joined Patton at the University in 2009, providing leadership in the administration of campus operations, program development, strategic initiatives, recruiting, financial aid and retention efforts.

Along with his wife, Tina, he is a graduate of the University of Pikeville, formerly Pikeville College. He earned his master's degree from Indiana University, a Rank I from the University of Kentucky and his superintendent's certification at Morehead State University. He will complete his doctorate at Morehead in the fall.

"James Hurley is bright, energetic, motivated and a self-starter. He has been an integral part of the tremendous progress we have made at the University these past three years," said Patton. "As our chief executive officer, he will lead this University to new heights."

The board also voted to establish the position of chancellor, which Patton will assume on July 1, 2013. As chancellor, Patton, who was governor of Kentucky from 1995 to 2003, will represent the University and concentrate on fundraising.

"I am humbled and honored by the board of trustees' decision in naming me president-elect to succeed Governor Patton next year," said Hurley. "My wife and I love this institution and we look forward to our continued journey with the administration, faculty, staff and students at UPIKE. Governor Pat-

ton's willingness to accept the role of university chancellor will make for a seamless and smooth transition."

The announcement also has historical significance, as Hurley will become the first alumnus to lead the institution, which was established in 1889 to serve the youth of Appalachia.

"A great university can measure its worth by the quality of its alumni," said Kay Hammond, president of the Alumni Association. "Vice President Hurley is certainly one of our most accomplished. He has always sought to protect and preserve all that is special about the University of Pikeville."

NATIONAL RURAL HEALTH DAY

M. DURBIN. Mr. President, today is National Rural Health Day. More than 59 million Americans—nearly one in five—call rural communities their home, including more than 9 million Medicare beneficiaries. These small towns, farming communities, and frontier areas depend on rural hospitals for their health care needs. And their needs are as unique as the communities they live in.

Rural areas are sparsely populated and are disproportionately older. More families in rural communities tend to live with less income than their urban counterparts, and patients tend to be physically isolated, which can substantially increase travel costs associated with medical care. These needs are not easily addressed by a one-size-fits-all approach. Rural providers must rely on providing affordable primary care and a system that values prevention, wellness and, above all, care coordination.

In Illinois, there are 102 counties, 83 of which are rural. Of these 83 rural counties in Illinois, 81 are designated as primary care shortage areas, which affects nearly 2 million Illinoisans. To incentivize providers to work in underserved areas, States rely on the National Health Service Corps—NHSC—Loan Repayment program, the NHSC Scholars program, and the State Loan Repayment program. These programs have been a mainstay of rural recruitment. This year, through the coordination of loan repayment programs, an estimated 231,000 patients in rural Illinois were able to access care. These programs provide recruitment tools for facilities in rural parts of the State.

Recruiting primary care professionals to rural communities is challenging. Many programs, including these recruitment programs, require more funding.

New approaches are needed to increase the workforce in rural America. For instance, the Federal Government and States should look at licensure and new payment models that would allow allied professionals, including advanced practice nurses and physician assistants living in these communities, to help meet the growing demand for primary health care services.

Fortunately for Illinois, our network of critical access hospitals, rural health clinics, and federally qualified

health centers work with their limited resources to provide exceptional care in rural communities. Critical access hospitals provide local access to healthcare for more than one million people in Illinois in areas that are medically underserved and have too few primary care professionals.

More needs to be done to help rural communities improve access to primary medical care. About 10 percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas.

This is a fact that Cody Holst and his wife know all too well. Cody is a Hancock County cattleman who lives in Carthage, IL. Last year, Cody's wife Erin was rushed to the emergency department at Memorial Hospital. Erin was expecting but was only 32 weeks along in her pregnancy. Doctors told Cody that typically they would recommend she be flown to Peoria, IL, approximately 100 miles away. But in this case they did not have that much time. Erin would need an emergency C-Section. Any delay in this operation would jeopardize Erin's pregnancy and her life. Fortunately, the operation was successful and led to the healthy birth of Reese Holst. If Memorial Hospital was not in the community and Cody had to travel any further, his wife and child may not be here today.

This is just one of the many examples of what critical access hospitals are able to do for families in these communities. Critical access hospitals make sure Americans in small communities, such as Cody and his family, still have access to high quality health care.

The Affordable Care Act begins to address some of these urgent issues facing the Nation's health care system, such as lack of access to health insurance coverage. Nearly 8 million rural Americans under the age of 65 will have insurance under the law. More Americans will gain access to private health insurance and Medicaid, increasing the demand for care by rural hospitals and providers. Many of the provisions in the law are aimed at solving this very challenge. For example, the Affordable Care Act dedicates funding to evaluate current payment systems, particularly the Medical Home Model of care that incentivizes care coordination.

As the demand for primary care providers increases, the Affordable Care Act aims to extend the role of nurse practitioners in primary care settings and provides \$15 million for ten nurse-managed clinics that train nurses and provide primary health care services in medically underserved communities. The law also includes more than \$200 million to training primary care doctors, nurses, and physician assistants and expanded the National Health Service Corps program by \$1.5 billion. The Affordable Care Act has provided a great foundation to solving these problems, but more needs to be done.

Today, on National Rural Health Day, I urge my colleagues to join me in