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MISSION: READINESS,
MILITARY LEADERS FOR KIDS,
Washington, DC, May 28, 2014.

MEMBERS OF THE HOUSE COMMITTEE ON APPROPRIATIONS: On behalf of the nearly 450 retired admirals and generals of Mission: Readiness, I write in support of efforts designed to improve the nutritional quality of foods served in schools. As you consider the FY 2015 Agriculture Appropriations bill, we respectfully urge you to:

Support the implementation of heightened school meal standards and refrain from any weakening or delay of science-based guidelines; and

Support the \$25 million included for School Meal Equipment Grants.

Mission: Readiness is the national security organization of retired admirals and generals who have mobilized in response to Department of Defense data indicating that 75 percent of all young Americans between the ages of 17 and 24 are unable to join the military because they are medically or physically unfit, are too poorly educated, or have disqualifying criminal records. A shrinking pool of eligible Americans is a threat to our national security.

Overweight and obesity are of particular concern to the military. Excess body fat has become the leading medical disqualifier for military service. Today, more than one in five Americans between the ages of 17 and 24 are too heavy to enlist. As a result, hundreds of potential recruits fail the physical entrance exam every month because they are too overweight. In fact, between 2006 and 2011, the U.S. Military Entrance Processing Command reported that over 62,000 individuals were turned away because of their weight.

Failure to meet weight-height requirements is not just a problem among potential recruits. The data show that excess weight impacts those who have already enlisted as well. Every year, the military discharges over 1,200 first-term enlistees before their contracts are up due to weight problems; the military must then recruit and train their replacements at a cost of \$75,000 per person, totaling roughly \$90 million annually. This

pales in comparison to the estimated \$1.1 billion per year that the Department of Defense spends on medical care associated with excess fat and obesity through TRICARE.

American youth spend more time in school than anywhere else outside of their homes. Children consume up to half of their daily calories during school hours, and the childhood years lay the foundation for lifelong eating habits—for better or for worse. As such, the food they receive at school plays a critical role in supporting their long-term health.

Thanks to newly updated U.S. Department of Agriculture (USDA) nutrition standards, requirements for school meals have been updated to align with current nutrition science. Schools are now serving more fruits, vegetables, whole grains, and low-fat or no-fat dairy options while offering fewer empty calories and high-fat options.

EVIDENCE-BASED NUTRITION STANDARDS

Overall, schools across the country have done a commendable job in moving forward with the implementation of updated school meal standards. Implementation is never an easy process, and there have certainly been challenges, but by and large, schools are on the right track. Recent data shows that more than 90 percent of schools are currently in compliance with science-based standards. Reports also indicate that fruit and vegetable consumption have increased. Schools are capable of serving healthier foods and the vast majority are already doing so. We are at an important juncture. Rather than retreating from science-based standards, we need to continue to advance.

In addition to the progress made on school meals, we are also pleased with updated snack food standards, which closely adhere to recommendations made by the Institute of Medicine. Schools have made great headway in serving healthier food, but to finish the job it is critically important that we move forward in addressing the other half of the school food environment—foods sold in vending machines, snack bars and a la carte lines. Because healthier schools meals are compromised by the over 400 billion calories from junk food being sold in schools each year, revised standards for competitive foods are essential supporting good nutrition habits. Moreover, data shows that improving snack food standards can actually help increase revenues by driving up participation in the school lunch and breakfast programs.

Given the national security implications of child obesity, we respectfully urge members of the Committee to refrain from pursuing any Congressional action that would weaken or delay the implementation of science-based school nutrition standards. Instead, Congress should defer to USDA to provide any needed flexibility for schools, such as the recently announced flexibility for whole grain pasta.

SCHOOL CAFETERIA EQUIPMENT ASSISTANCE

Many school kitchens are struggling against outdated facilities to efficiently prepare healthy meals for their students. Although more than 90 percent of schools across the nation are successfully meeting science-based standards, many report that they are forced to make-do with costly and inefficient workarounds. Designed primarily to reheat and hold food, many kitchens need new equipment capable of preparing healthier options. As such, we strongly support additional resources for School Meal Equipment Grants. We were pleased to see \$25 million included for these grants in the subcommittee's mark and urge continued support for this important funding stream.

Thank you for your attention to these important issues. Together, we can make sure

that America's child obesity crisis does not become a national security crisis.

Very respectfully,

MIRIAM ROLLIN,
Acting National Director.

□ 1030

LET'S ACKNOWLEDGE OBAMACARE DOESN'T WORK

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

Mr. BARR. Mr. Speaker, recently, some politicians in Washington and even back in my home State of Kentucky have held out Kentucky's online exchange, or Kentucky Kynect, as a model for how the Affordable Care Act, or ObamaCare, can be implemented successfully. They argue that ObamaCare is working in Kentucky.

While it is true that, unlike the billion dollar malfunctioning healthcare.gov Web site, the Kentucky Kynect Web site has appeared to function properly, but that is about all that works well.

ObamaCare is making life harder for most Kentucky families and small businesses, driving up premiums and deductibles, taking away choices of doctors and hospitals, and forcing people to lose the insurance coverage that they liked. The President promised that: if you like your health care plan, you will get to keep it.

But 280,000 of my fellow Kentuckians have lost the health insurance that they had, the health insurance that they liked. The government is taking away choices. Patients, families, and doctors should be in control of their health care, but ObamaCare takes choices away from people.

One insurance broker in Kentucky told me that insurance on the Kentucky Kynect exchange, the replacement for all of those canceled policies, excludes 90 out of 130 hospitals in Kentucky from its network.

Then there is the cost. Premiums and deductibles are skyrocketing. When people are able to get the Web site to work, they are discovering that insurance is not affordable.

As a candidate for President, then-Senator Barack Obama promised to sign a health care law that would cut the cost of a typical family's premium by up to \$2,500 a year, but a quietly released report from the Centers for Medicare and Medicaid Services projects that 11 million Americans will face higher premiums because of ObamaCare.

ObamaCare is an especially bad deal for our seniors. A recent report studying the impact of the law's cuts to Medicare Advantage plans concluded that premiums could increase for some Kentucky seniors up to \$1,700 per year.

Every day, I hear stories from Kentucky families and small businesses about how they have been hurt by ObamaCare, about how the government is making life harder for them.

Consider Tony Calvert, a truck driver and member of the Teamsters union

who lives in my district. He stood up in my townhall meeting in Winchester, Kentucky, and told me he suffered from aggressive stage 4 mantle cell lymphoma and lost his current health insurance.

The least expensive replacement policy on the Kentucky Kynect exchange was \$1,800 more per month. ObamaCare was supposed to fix the problem of pre-existing conditions, but for Tony Calvert and for his family, ObamaCare in Kentucky is a personal and financial disaster.

Consider the Blue Grass Stockyards, a beef cattle auction business that employs over 60 full-time employees who have enjoyed the benefits of high-quality, employer-provided health insurance for many years.

In 2010, the company's cost per employee was about \$250 each month, and it provided about a \$1,500 deductible, good prescription coverage, and \$3,000 out-of-pocket maximum.

By 2014, this company faced a 50 percent increase in cost because of ObamaCare and nowhere near the coverage quality that they had been able to provide to their employees in the past.

Moving all of their employees to Kentucky Kynect was no help. The very best scenario they have come up with is to purchase a policy at over a 9 percent increase in premiums, a \$5,000 in-network deductible, and a \$10,000 out-of-network deductible, and these are narrow networks.

The company told me that they have always taken pride in providing their valued employees with quality coverage, but because of ObamaCare, they can't do that any more.

Then there is Joe and Laura Westbrook. They have been owner-operators of Speedflo and Snapflo, a family printing company in Lexington, Kentucky, since 1976. Their family-owned business has grown to 32 employees—including many working moms—providing good benefits and affordable group health insurance until May 2014, when their renewal rates skyrocketed 101 percent.

To make matters worse, the available post-ObamaCare plans had deductibles that were three times larger than the pre-ObamaCare plans. These increases threatened to make it impossible for them to continue to provide their employees with health insurance, and for the first time, they had to ask their employees to contribute to cover the cost of the new plans.

The VA scandal is a window into the future of ObamaCare. It is a window into what government health care looks like: higher cost, higher premiums, less choices.

Let's get together as a country and acknowledge that this law doesn't work. It is unfortunate that ObamaCare doesn't work. The American people deserve health care reform that actually lowers costs, that provides more choices, and does not put bureaucrats in charge of health care.

EPA RULE WILL BE DEVASTATING FOR COAL COMMUNITIES

The SPEAKER pro tempore. The Chair recognizes the gentleman from West Virginia (Mr. RAHALL) for 5 minutes.

Mr. RAHALL. Mr. Speaker, on Monday, the EPA is expected to unleash what is essentially a Federal cap-and-trade proposal aimed at our Nation's existing coal-fired power plants.

I will oppose this rule, as it will adversely affect coal miners and coal mining communities throughout West Virginia and the Nation. At stake is our economy and the livelihoods of our coal miners, our steelworkers, electrical workers, those who keep our freight trains running, and families and businesses that rely on affordable energy from coal.

Even though we don't have the details of the rule yet, from everything we know, we can be sure of this: it will be very bad for jobs. The only real question is where, on a scale from devastating to a death blow, the new rule will fall.

I have written to OMB opposing the new source performance standards rule for future power plants and calling upon the Director to return the draft rule to EPA and calling on EPA to go back to the drawing board on their proposal.

I have joined 181 Members of this body in a letter to Administrator McCarthy asking that the normal 60-day comment period be extended to at least 120 additional days.

I have cosponsored and voted for H.R. 3826, the Electricity Security and Affordability Act, along with my colleague, the gentleman from Kentucky (Mr. WHITFIELD), which would block the new source performance rule for future power plants. The House passed the bill on March 16, by a vote of 229–183, and sent it over to the other body.

I have cosponsored, along with my colleague, the gentleman from West Virginia (Mr. MCKINLEY), H.R. 2127, a resolution of disapproval that would prevent the new source performance standard rule for future power plants from going into effect. If enacted, this would have the same effect as the Whitfield bill, blocking EPA from advancing the rule on existing plants.

More importantly, Mr. Speaker, are the effects on our coal miners' health care and pension plans. There are more than 100,000 retirees, their dependents, and surviving spouses who receive health care and/or pensions from the UMWA, United Mine Workers of America, health and retirement funds.

Because these benefits are paid for by contributions made by the coal companies for every hour worked by an active miner, this rule could dramatically undercut the solvency of these funds.

In 2012, for example, a total of \$1.2 billion went into coal field communities in pension payments and direct payments to health care providers for retiree health care benefits. That included nearly 400 million into rural West Virginia communities.

This is what keeps the health care systems in these communities open. Doctors, pharmacies, clinics, therapists, and nursing homes all depend on this funding to survive.

So in conclusion, Mr. Speaker, let me say how devastating these proposed rules—although we have not seen the details yet—could be for coal mining communities.

I—and I am sure others who represent coal mining communities across this Nation—will not sit idle in the face of this latest challenge by the EPA to our way of life.

It is about jobs, it is about jobs, and it is about jobs, and I will look at any and all options that will be available to block this proposed rule from being finalized.

NOT ONE MORE TRAGEDY FOLLOWED BY INACTION

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Mrs. CAPPS) for 5 minutes.

Mrs. CAPPS. Mr. Speaker, last Friday night, my home community was rocked by unspeakable violence. It left six students and their assailant dead and 13 others injured. Friday's rampage in Isla Vista, California, has touched the community in a powerful way.

IV, as it is affectionately called, is a special place where people know their neighbors. Everyone is presumed to be a friend, and bikes are more common than cars.

On Friday, IV joined a growing list of small communities touched by unspeakable violence. Today, we continue to mourn those we lost: George Chen, "James" Cheng Yuan Hong, Weihan "David" Wang, Katherine Breann Cooper, Christopher Ross Michaels-Martinez, and Veronika Weiss.

We reach out to the injured who need our support as they heal, and we pray for the many others affected, including the families and friends the victims left behind. Our community grieves, and we struggle to make sense of the senseless.

For many in a variety of places, this sadness and grief is also a frustration, frustration that more could have and should have been done to prevent this tragedy from the start.

We think of other places where similar rampages have occurred so recently: Tucson, Carson City, Seal Beach, Atlanta, Oakland, Seattle, Aurora, Oak Creek, Minneapolis, Newtown, Washington Navy Yard, Santa Monica, Fort Hood.

How many more of these mass shootings do we need before we act?

We have all seen how a violent incident can bring public attention to the need for sensible gun safety measures. We know that we must keep these weapons out of the hands of violent individuals; but all too quickly, the attention fades, the drumbeat quiets, and we are left with inaction.

I sincerely hope that this time will be different, but it won't be unless we, as Congress, act.