

income abuses, and all the other things, everything you can do, you can go up and down the list, and you start to see the calculations.

The Manhattan Institute and Brian Riedl, about 2 months ago, has a fairly detailed paper. It is all referenced. It is not only referenced from the Tax Foundation, joint tax, CBO, but even some progressive groups are in the footnotes on how this math works.

This is if you maximized every single tax. Why this gets important—why don't I just skip to the punch line. It looks like when you do the economic adjustment you get 1.1 to 2 percent of GDP by taxing the rich. Okay. Maybe we should do that. Maybe it will make us feel better because God knows we now make our public policy here by our feelings.

The point I keep coming back to is we borrowed 8.4 percent of GDP last year. If you actually do the blend, you get about 1.5 points. That is how childish the discussion is here. You asked for real math and real policy decisions.

We, on the right, are going to battle each other and try to cut parts of non-defense discretionary. Okay. There is a bunch of that I would love to get rid of. It is a really interesting ethical question. Is it ethical for us to borrow money and give it to entities around the country that have their own taxing authority?

That is going to be politically really unpopular. It is sort of absurd that we do that. About 40 percent of nondefense discretionary is actually transferred to these entities that have their own taxing authority.

If you are functionally borrowing \$80 billion, \$90 billion a month, we just covered 3½ months' worth of borrowing by wiping out most of the discretionary budget, and then the next year it gets worse, the next year it gets worse, the next year it gets worse.

Remember, 100 percent of the future borrowing is driven by Medicare, and then in 9 years the Social Security trust fund is gone. I showed you the scale for that.

Mr. Speaker, I have come behind this microphone for years now and walked actually through some really interesting things we can do. We saw during the 1-minutes some of our brothers and sisters came up and talked about this being National Diabetes Awareness Month.

Diabetes is the single biggest cost of healthcare. Actually, it is the single biggest cost to this government. It is 33 percent of healthcare and 31 percent of Medicare. I have come up here repeatedly and talked about what we can do in the farm bill, the new blood glucose monitors, the discussion of some of the GLP-1s and the effect they are having on obesity and diabetes.

There is a path, and it turns out the Joint Economic Committee, about 4 months ago, the Republican side—we actually went where we are not supposed to go, but it was real math. We talked about our brothers' and sisters'

longevity. The fact is that in the last 4 years the life expectancy in the United States has fallen.

If you actually look at the math, what is the number one reason?

It wasn't drugs. Drugs was up there. It was obesity. Let's actually have an honest conversation because it also turns out it is not only a moral battle to save our brothers and sisters from dying young, it also is the most powerful thing you can do to start to stabilize U.S. debt is helping Americans be healthier.

Isn't that something neat?

Is that Republican or Democrat?

It is neither. It is just the right thing to do.

We were coming up with a few trillion dollars over 10 years by taking out obesity. Because of diabetes there is heart disease, kidney failures, and all these other things.

I am just trying to do two things here: First, I am trying to get to an understanding of how brutally ugly the actual debt and deficit math is, and that the solutions being provided to it are just fantasyland, ridiculous, childish, and asinine.

The second thing I am trying to do when I come behind the mike, there are things we can do to have a revolution and stabilize this debt, and none of them are going to be easy.

In the complexity is the morality. We could work with people to be healthier. We could bring technology to make life easier, to provide more access, particularly to healthcare, and you would disrupt the cost.

The hardest part for us as electeds, you have to deal with those armies of lobbyists marching up and down your hallways. You have to look them in the eye, and say, in many ways the morality, the cure, is in the disruption of doing the right and moral thing. I just don't know if this body has the intellectual prowess to deal with that.

Mr. Speaker, I yield back the balance of my time.

NATIONAL DIABETES MONTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the gentleman from Illinois (Mr. JACKSON) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mr. JACKSON of Illinois. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. JACKSON of Illinois. Mr. Speaker, it is with great honor that I rise today to coanchor this CBC Special Order hour. I thank my distinguished colleague, Congresswoman SHEILA CHERFILUS-McCORMICK of Florida.

For the next 60 minutes we have a chance to speak directly to the American people on issues of great importance to the Congressional Black Caucus, Congress, the constituents we represent, and all Americans.

Our Special Order hour today will focus on a very urgent and pressing issue for our community, and that is the recognition of November as National Diabetes Month.

Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. BROWN), my colleague from the city of Cleveland.

Ms. BROWN. Mr. Speaker, I thank Congressman JACKSON and Congresswoman CHERFILUS-McCORMICK. I thank our CBC colleagues for speaking tonight on this important topic and for the incredible work they do on so many issues impacting our communities.

National Diabetes Month is a call to action. It is a call to action to invest in our people, invest in our neighborhoods, and invest in public health and medical research. It is a call to take the simple and direct actions that are often right in front of us.

Just a few weeks ago, President Biden declared November to be National Diabetes Month.

While diabetes is truly a widespread problem, it is also a disease that shows some of the deeper sickness of America's history. Roughly one in eight Black Americans has diabetes, and nearly 40 percent of the population that doesn't have diabetes is already prediabetic. It is not just an older person's disease.

□ 2045

In the last two decades, the prevalence of diabetes among people under 20 who are Black and Hispanic Americans has increased by 95 percent.

Mr. Speaker, when you add it all up, Black Americans are 60 percent more likely than White Americans to have diabetes.

In Cuyahoga County, which I represent, the Black diabetes rate is 25 percent. For Whites, it is 7 percent. When the CDC released the Census tract data, it showed there were neighborhoods in Cleveland where the diabetes rate was nearly 40 percent.

We aren't just more likely to have this disease; it is also hitting Black people much harder. Nationwide, we are two-and-one-half times more likely to be hospitalized by diabetes than White Americans, and we are twice as likely to die from diabetes.

There is a lot that is broken here, and it doesn't have to be this way. Three years ago, as a member of the Cuyahoga County Council, I helped lead the effort to pass a resolution declaring racism as a public health crisis, and diabetes is one of the indicators we pointed to. It has so many systemic and structural factors: the legacies of Jim Crow and slavery, poverty and a lack of opportunity, denied access to healthcare, and a lack of doctors and nurses from our community who can hear us and listen to us. There are so

many different factors all coming together to produce a disparate impact.

In so many ways, this is the same story we see repeated with Black maternal health and other racial health disparities.

Unfortunately, with diabetes rates this high, it is having a cascade effect on our overall well-being because diabetes is expensive, chronic, and potentially deadly.

We just saw this with the pandemic. Four in 10 adults who died from COVID-19 also had diabetes.

Nonetheless, step one is identifying the problem, and that is why we are here this evening. Step two is action. We have real progress to celebrate thanks to the Inflation Reduction Act, which established a \$35 per month cap on insulin costs for those on Medicare. In response to the IRA, Eli Lilly and other pharmaceutical companies also announced price caps and price reductions for people with non-Medicare insurance.

Not a single Republican in either Chamber voted for the Inflation Reduction Act. Nevertheless, Democrats in Congress and the Biden-Harris administration stepped forward to deliver anyway.

Just about every week, there is another effort by House Republicans to repeal some part of it, but the IRA is here to stay. Black Americans are benefiting from this law. The IRA is lowering healthcare costs for seniors across the country and saving many of our constituents hundreds of dollars a year.

While the data around diabetes is alarming, the Inflation Reduction Act shows that we don't have to accept the unacceptable. We have a lot more work to do to address diabetes and public health disparities more broadly. The stark disparities with diabetes were centuries in the making. We can't change that past, but we can build a better future.

We need to make healthcare more affordable, from drugs and treatment to coverage. We also need to ensure that healthcare providers look like America and look like the communities they serve. We need to help train the next generation of Black medical professionals. We need to invest in SNAP and WIC so people can afford healthy food. We need to invest in and fully fund NIH and CDC efforts to study diabetes and treat diabetes so we can improve care.

The budget fight we have been fighting for the past 6 months shows where each party is aligned and whose side they are on. If we cut funding for SNAP, push more people off Medicaid, continue to cut investments in public health, and forbid every Federal agency from even using the words "equity, diversity, and inclusion," then we know exactly what will happen and who will suffer.

The stakes are clear, and my CBC colleagues and I are going to keep fighting for our constituents.

Mr. Speaker, let's fight diabetes and help every American live a healthy life.

Mr. JACKSON of Illinois. Mr. Speaker, I thank our distinguished colleague, Congresswoman SHONTEL BROWN from Ohio's 11th Congressional District, for her leadership within the Congressional Black Caucus and for highlighting and focusing our attention and, indeed, the Nation's attention on this critical issue of diabetes.

Mr. Speaker, I yield to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Mr. Speaker, let me thank the gentleman from Illinois and the gentlewoman from Florida for the opportunity to speak. I absolutely thank my colleague from the great State of Ohio for bringing this issue to the forefront and having a press conference this afternoon to discuss this dreaded disease.

Mr. Speaker, I rise today to address the problem of diabetes in Black communities nationwide. It is an honor to do it during National Diabetes Awareness Month.

As a diabetic, daily life is a constant challenge. I will have to get up at 4 clock tomorrow morning to go to dialysis, a treatment that I need three times a week to survive. That means I risk exposure to the coronavirus or any other ailment when I receive treatments in rooms full of other patients. It is a problem that many of America's 37 million diabetics face every day, and that figure includes 5 million Black Americans with diabetes.

In addition, almost 80 million Americans could develop diabetes due to poor diet and health or family history of diabetes. That is one reason that diabetes is the most expensive chronic health condition in our Nation.

These health issues are even worse for Black Americans. We are 60 percent more likely to develop diabetes than our White counterparts, and we are twice as likely to die from it than our White counterparts.

Right now, one in every five Black Americans over the age of 20 has diagnosed or undiagnosed diabetes, and the prevalence of type 2 diabetes for Black and Hispanic youth has doubled since 2001.

The risks are so high that Black Americans are less likely to donate a kidney because they fear future health issues. That is why Black Americans are twice as likely to receive a kidney transplant from a deceased donor than a live one. This can lead to health issues that do not happen to patients who receive a kidney from a living donor.

The more prominent issue is the price of insulin in America. The monthly average cost of insulin is almost \$650 per month. That is 10 times higher than the price in other countries. Nevertheless, there is hope. There is a \$35 cap on insulin in the Inflation Reduction Act for Medicare beneficiaries. It helps our seniors save money on this lifesaving medication, and they do not have to make the choice between food or insulin every month.

Nonetheless, we need to do more. We need to pass bills like the Affordable Insulin Now Act. This bill would cap out-of-pocket costs for insulin to the same \$35 for all Americans.

President Biden is working to make that \$35 insulin price cap permanent for all Americans in other legislation, as well. If we can cap insulin payments, then we can help millions of Black Americans afford this critical medication.

That is why this Special Order hour is so important. It brings awareness to the fact that minorities are more likely to face diabetes and other kidney-related issues.

In addition, public talks like today's event remind people that diabetes is still a serious medical issue. When we increase awareness, we increase funding for new treatments and cures. Eventually, we will find the new treatments that will make it safer for diabetics.

Mr. Speaker, I cannot wait for those new treatments to happen. That will be the day when I can walk out of the dialysis treatment clinic for the last time.

Mr. JACKSON of Illinois. Mr. Speaker, I thank the honorable Congressman PAYNE from the great State of New Jersey for his remarks.

Mr. Speaker, I yield to the gentleman from Nevada (Mr. HORSFORD), who is the honorable chairman of the Congressional Black Caucus.

Mr. HORSFORD. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I thank both Congressman JACKSON and Congresswoman CHERFILUS-McCORMICK for their leadership and for co-chairing and co-anchoring tonight's Special Order hour for the Congressional Black Caucus.

To the previous speaker and my classmate, Representative DONALD PAYNE, I am grateful for his tremendous leadership and personal lived experience on this very important topic.

I am grateful for so many of the other members of the CBC who have spoken on the importance of recognizing November as National Diabetes Awareness Month and have highlighted the disparate impact that diabetes has on the Black community.

According to the U.S. Department of Health and Human Services, Black Americans are 60 percent more likely than White Americans to be diagnosed with diabetes by a physician. Additionally, the health outcomes of Black Americans diagnosed with diabetes are worse than the outcomes experienced by White Americans. Black Americans are 2.5 times more likely to be hospitalized from long-term complications, 3.2 times more likely to be diagnosed with end-stage renal disease, and twice as likely to die from this disease.

We know that the rate of diagnoses among Black Americans is on the rise. Over the past two decades, the prevalence of type 2 diabetes for Black and Hispanic youth has increased by 95 percent.

At the start of the 117th Congress, the Biden-Harris administration and Democrats in the majority of the House and Senate made it our priority to lower everyday costs for the American people and to improve the affordability of lifesaving prescription drugs like insulin. We delivered on that promise.

With unanimous support from the Congressional Black Caucus and House and Senate Democrats, President Biden signed into law the Inflation Reduction Act, which capped the cost of insulin at \$35 per month under Medicare prescription drug coverage, traditional Medicare, and Medicare Advantage. Because of this action, some private companies have extended that reduced cost to others, including children.

The IRA has significantly improved the affordability and accessibility of lifesaving insulin for the 1 in 10 Americans with diabetes, including millions of seniors who in some cases were paying as much as \$400 for a month's supply of insulin.

After the insulin cap for seniors went into effect, the top three insulin manufacturers reduced their prices for all Americans, as I indicated. This is what we can do when the government works for the people. This is what the Democratic Party does when we are in the majority. We put people over politics, and we will continue to do that on behalf of the American people, who deserve nothing less.

Mr. Speaker, I thank my colleagues of the Congressional Black Caucus, including Congresswoman SHONTEL BROWN, who led the CBC in a press conference today by marking National Diabetes Month, as well as all of our members for their work in uplifting the stories of their constituents who are living with diabetes and who have benefited from the insulin cap under the Inflation Reduction Act.

□ 2100

Mr. JACKSON of Illinois. Mr. Speaker, I thank our chairman of the Congressional Black Caucus, Chairman STEVEN HORSFORD, for those powerful words. Again, I thank our esteemed colleague, Congresswoman SHONTEL BROWN of Ohio, for having led this effort.

Mr. Speaker, I now yield to my colleague from the great State of Louisiana, the distinguished Congressman, Mr. TROY CARTER.

Mr. CARTER of Louisiana. Mr. Speaker, I thank my friend very much for yielding.

Mr. Speaker, I thank my colleague, Ms. SHONTEL BROWN, for leading this effort. I also thank my dear friends and colleagues, Representative SHEILA CHERFILUS-McCORMICK and Representative JONATHAN JACKSON for leading this Special Order hour on such an important and timely issue, one that impacts our community more than almost any other health matter.

Today, we are here to talk about a pressing matter, one that requires our

collective efforts—National Diabetes Month.

Diabetes, an epidemic gripping the United States, resonates with me personally. According to the Centers for Disease Control and Prevention, over 34 million Americans face the consequences of diabetes, and Louisiana is not exempt from the staggering reality.

In Louisiana alone, approximately 500,000 residents have been diagnosed with diabetes. Shockingly, an additional 113,000 individuals are unaware of their condition, heightening their high risks. Moreover, a significant portion of Louisiana's adult population grapples with prediabetes, teetering on the edge of a diagnosis that could alter their lives forever.

The burden of diabetes is not just physical, but also economic. Each year, an estimated 30,000 Louisianians receive a diabetes diagnosis resulting in a financial toll of \$5.7 billion for my State. These costs encompass not only medical expenses, but also additional complications that can arise, including heart disease, stroke, amputation, end-stage kidney disease, blindness, and, tragically, death.

The impact of diabetes disproportionately affects communities of color. Black Americans are 60 percent more likely than White Americans to be diagnosed with diabetes and are twice as likely to die from this dreaded disease. It is abundantly clear that the systemic racism is intensifying this crisis in the United States. We must ensure that all Americans have access to quality, affordable healthcare.

In the face of this dire situation, there is hope. Last Congress, House Democrats passed the Inflation Reduction Act, which caps monthly insulin costs at \$35 for 54,000 Louisianians covered under Medicare. I was proud to vote for and in support of this life-changing measure that is cutting costs for the people. This is a crucial step toward improving lives, preventing diabetes, and ultimately finding a cure.

However, our responsibility does not end here. As a Member of Congress, it is our duty to raise awareness, support prevention efforts, and stand united against this threat. Let's use this National Diabetes Month as a rallying point to spread awareness and make a meaningful impact on the lives of those affected by diabetes around our country, not just for Democrats, not for Republicans, but for people, for humans, for people that breathe the air that we breathe, and for people that live in the communities that we live.

This is, indeed, a bipartisan issue, one that does not see color, race, or any other distinction other than a community that desperately needs our leadership to live, to survive, and to thrive.

Mr. JACKSON of Illinois. Mr. Speaker, I thank the distinguished gentleman from the great State of Louisiana, Congressman TROY CARTER, for his participation.

Mr. Speaker, I yield to my colleague, the Honorable SHEILA CHERFILUS-McCORMICK from the great State of Florida.

Mrs. CHERFILUS-McCORMICK. Mr. Speaker, I rise today in recognition of National Diabetes Month. This month is important for all of us in the United States. More than 37 million Americans have diabetes and we need to double down on our efforts to find a cure for this disease.

During this month, we cannot lose sight of the stark disparities when it comes to diabetes in the Black community. Black adults in the U.S. are 60 percent more likely than White adults to be diagnosed with this debilitating disease.

This is a national health crisis that deserves our immediate attention. Black Americans with diabetes are 2.5 times more likely to be hospitalized and are twice as likely to die from this disease.

As a healthcare executive, I saw this disparity firsthand and the impact it had on the communities that I serve in Congress.

A study conducted at Emory University confirmed what many of us have long known to be true.

Structural racism and geographic inequalities are exacerbating diabetic health disparities. Estimates indicate that rates of diabetes are 1.5 times higher among people of color, including Black Americans, American Indians, Alaska Natives, Hispanics and Asians.

Statistics emphasize just how serious this epidemic is in my home State. According to the Florida Diabetes Alliance, an estimated 579,000 Floridians have diabetes but don't know it, greatly increasing their health risk and dying.

Yet despite inequalities, African Americans are 19 percent less likely to access newer diabetes treatment. That means that they are 19 percent less likely to access medication which could mean a healthier and longer life.

Every American, no matter the color of their skin or their ZIP Code should be able to receive the best treatment options available with no questions asked.

This month, let us recommit and address the social determinants of healthcare and recognize the impact they have in driving diabetes disparities. This encompasses everything from accessing green space and how long it takes to get to the grocery store. It comes down to whether patients live near a healthcare facility where they can speak to a provider and receive leading-edge diabetes care. It is a matter of whether our kids are eating nutritious lunches in the cafeteria.

If we want to get serious about tackling the disproportionate rates of diabetes among Black Americans, this is where we need to start.

By focusing on the social determinants of healthcare, we would lay the groundwork for a better and healthier future.

Mr. JACKSON of Illinois. Mr. Speaker, I thank Mrs. CHERFILUS-McCORMICK for her statement.

Mr. Speaker, I rise today to bring vaunted and valuable attention to one of the greatest health challenges plaguing the American people and to declare that this body needs to do more to alleviate the pain.

The month of November has been designated as being National Diabetes Month and the goal of this designation is to highlight the disproportionate impact diabetes continues to have on the communities I represent.

Never before has one chronic disease so diabolically focused its fury on Black and Brown people, which, of course, begs the question as to whether or not the proliferation of this silent killer is connected to the quality of food and economic choices of those very same communities.

The physiology of Black and Brown people is not in any way predisposed to be more vulnerable to this disease than any other group of people, and yet diabetes continues to destroy Black and Brown lives at a rate that is more than disproportional but diabolic as well.

Since 2001, the proliferation of Type 2 diabetes among Black and Brown youth has increased at a rate of 95 percent, Mr. Speaker.

According to the National Health Institute, young people between the ages of 10 and 19 years of age have seen instances of Type 2 diabetes double among them. Two out of every 100 Black and indigenous American youth now suffer from this disease, and it is accelerating at an alarming pace.

As I stand before you here, I shudder to think about the implications associated with the level of increase, what that will mean for the quality of life of families of young people currently sinking into this chronic abyss.

□ 2110

Whether we are willing to acknowledge it or not, the way we currently treat, talk about, and address this disease will leave this country vulnerable to a medical tsunami the likes of which no one on this planet has ever seen.

We cannot be silent about this because if we do nothing, African Americans are twice as likely as any other group to die from this disease.

If we do nothing, African-American adults are twice as likely to be hospitalized because of diabetes and suffer long-term complications more than any other group.

If we do nothing, Black people in this country are three times more likely to be diagnosed with renal disease which, of course, is a portal that leads to a whole host of other debilitating morbidities.

If we just sit around and dither, Black people will be 60 percent more likely to be diagnosed with a disease that has the power to kill them. Let us not forget that African Americans currently make up 13 percent of the American population. When 95 percent of the

young people that make up 13 percent of your entire population are currently slipping down the slippery slope of diabetes, someone has to sound the alarm.

This is why every American should be glad that President Biden has declared November to be National Diabetes Month, and all of us should be glad because this is a conversation we need to have. The time for us to act as if this is not a national emergency is over.

Diabetes in the American population has crossed the Rubicon. We are well beyond the point of no return, and if we do not decide that the health and healthcare of every American, particularly African Americans, is a priority equal in its importance to national security, then we will rue the day we buried our heads in the sand and preoccupied ourselves with the seasonal foolishness of partisan politics.

This is not a red State or blue State issue. The American people are dying. The American people are suffering. The American people are looking to the government they elected to do something in its power to help, help them fight and ward off the devastating effects of this debilitating disease.

Last year, millions of Americans reported hoarding insulin because of shortages. The overwhelming need is manifesting itself nationwide. Who would have thought that people who live in the world's greatest country in the history of the world would have to hoard medication? Could any of us have ever imagined that the need for insulin would be so expansive that hoarding the medication would be a necessity or even an option, but this is where we find ourselves. This is the reality millions of Americans have to live with every day.

This is the minute-to-minute struggle for countless American families trying not to lose hope amid a sea of chronic and cataclysmic medical consequences. To those of you, I say hold on and don't give up. If we are determined to do something about it here in this Congress, we can say that elections have consequences because, indeed, they do.

One of the positive outcomes of the last Presidential election is the fact that President Joseph R. Biden, Jr., is the duly elected President of the United States, and he helped pass the Inflation Reduction Act to help us deal with the runaway cost of insulin. Now insulin is \$35 a month. That is very much a welcome relief in my neighborhood.

As an American, not only as a Democrat, I am glad that we have someone in the Oval Office who cares about what this disease is doing to our country. It says a lot about the character and integrity of the President that he would go out of his way to address this issue when so many other problems have been vying for his attention over the last 3 years.

However, I also say to you, we can do more. We simply cannot avoid the con-

nection between the systemic inequities of America and the incredible racial disparities by which diabetes continues to proliferate in the Black community.

In fact, in a recent study conducted at Emory University, it was suggested, if not directly implied, that structural racism is accelerating the diabetes crisis in the United States of America. Therefore, potentially what we have here is not just a medical crisis, what we have happening in America is also a social and a cultural crisis.

When it comes to diabetes and the Black community, it would appear that our current crisis is the result of a strange confluence of issues. Nutritional opportunities, access to fruit and vegetables, and the inability to afford healthy nutritional options have all come together to make an already terrible situation worse.

More and more researchers are discovering that the race, geography, and economy of a community can be an overwhelming determining factor for understanding the impact of this debilitating and chronic disease. This is why I have been a major proponent of the Gus Schumacher Nutrition Incentive Program, the GusNIP. I am a major supporter of this program because it allows the Secretary of Agriculture to provide funding opportunities to conduct and evaluate projects providing incentives to increase the purchase of fruits and vegetables for low-income consumers.

For many years, the other party has wanted us to believe that government is the problem, but what they forget to tell you is that sometimes national problems require national solutions; and there is a role, indeed, for government.

In this program, it is critical for us to also understand that we cannot retreat on SNAP. There are too many Americans who need the supplemental nutritional assistance. Let us be clear, the same way we incentivize big corporations and wealthy individuals with tax breaks, we should have the moral courage to incentivize healthy choices for low-income Americans.

What is good for the goose is also good for the gander. If incentives work for rich people, then let them also work to save the lives of working-class and low-income Americans.

As I stand here tonight, I am actively working to see this program is fully funded this year. This is something we must do. We owe it to the American people to do everything we can to help them save lives.

Let me simply say that it is about time we start incentivizing things that keep people alive and not just behaviors that make people more money. It is my great hope and expectation that the expansion of GusNIP will allow the program to run more efficiently and increase cooperation between recipients and the Federal Government.

I also believe that a greater emphasis needs to be placed on the Healthy Food

Financing Initiative, created back in the Obama administration to provide grants and technical assistance to empower families to have access to fresh, healthy, and affordable foods in rural and urban communities that are underserved.

Most people fail to realize that the overwhelming instances of hunger in America are not happening in American cities. It is, rather, taking place in rural communities. This is why I am pleased that the Department of Agriculture partnered with the Reinvestment Fund to invest \$22.6 million to improve access to healthy foods in underserved communities.

We have an obligation to do all that we can do to empower ordinary, everyday American citizens to make choices that will sustain their lives. As a government, we cannot make the choice for them, but we can create a better set of options for them to make lifesaving decisions for themselves.

What good is balancing the budget if the American people are sick and dying from chronic disease?

What good is having a strong military or defense if the American people are withering away from diabetes and other morbidities that slowly eat away the health of the Nation?

A coherent and stringent immigration policy will mean absolutely nothing if the people who are already citizens of this country are dying from diseases that we can avoid.

Everything that America is and everything we hope it to be depends on the health and safety of our citizens. In the absence of being healthy, there is no American Dream.

I say to my colleagues, let us do everything that we can to empower people to have greater health, longer life, and what every American deserves; namely, three meals a day for their bodies, education and culture for their minds, and, yes, freedom and dignity for their souls.

Mr. Speaker, I yield to the Honorable SHEILA CHERFILUS-MCCORMICK.

□ 2120

Mrs. CHERFILUS-MCCORMICK. Mr. Speaker, I thank Mr. JACKSON of Illinois for co-anchoring, and I give a very special thank-you to our CBC chair, Representative HORSFORD, for his work, and also to Congresswoman SHONTEL BROWN for hosting a press conference we held earlier.

Mr. Speaker, in recognition of National Diabetes Month, I rise today to commend the Biden-Harris administration for their work to deliver lower insulin costs for the American people.

Because of the administration's transformative Inflation Reduction Act, nearly 4 million seniors on Medicare with diabetes are seeing their insulin costs capped at \$35. Because of this, pharmaceutical companies like Eli Lilly and Novo Nordisk have followed suit and also capped their insulin prices at \$35 a month.

This is a massive win for our seniors nationwide, including those in Flor-

ida's 20th Congressional District. The life-changing cap that has helped over 29,000 of my constituents pay \$440 less each year in insulin is worth it. These savings are making a tremendous difference when it comes to health outcomes.

Medication is not something that those living with diabetes can go without. Over 80 percent of adults with diabetes depend on medication to manage their conditions.

While this cap is putting money back into our seniors' pockets, we still have more work to do. As President Biden has made clear, affordable insulin should be accessible to all Americans, not just Medicare beneficiaries.

It is devastating that nearly a fifth of insulin users have to ration their insulin use. In a country like ours, how can this be the case?

Stark healthcare disparities also underscore the need for us to do more and to act. Diabetes rates are skyrocketing within communities of color. Since 2001, the prevalence of type 2 diabetes for Black and Hispanic children has increased by a staggering 95 percent. Let me repeat that one more time: increased by 95 percent for our Black and Hispanic children.

Nobody should be forced to choose between paying their rent and buying insulin. No one should die because they had to ration their insulin. No one should go blind or lose limbs because they could not afford medication. Your life shouldn't be put on hold because you were diagnosed with diabetes.

As Americans, we can and must do better. Last Congress, I was proud to vote for the Affordable Insulin Now Act to clamp down on runaway insulin prices threatening Floridians' health and financial security. We need to get this bill across the finish line and make diabetes treatment more affordable.

Americans all over, no matter their political affiliations, stand to benefit from low insulin costs. Every American, no matter the color of their skin or their ZIP Code, deserves a healthy and fulfilling life and a dignified existence. Every American deserves to grow old with dignity.

Diabetes is both preventable and manageable. Let's act now. Those living with diabetes cannot wait.

Mr. JACKSON of Illinois. Mr. Speaker, these are the issues of the Congressional Black Caucus.

Mr. Speaker, I yield back the balance of my time.

MAKING THE CASE FOR CONTINUED FINANCIAL SUPPORT OF UKRAINE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the Chair recognizes the gentleman from Arkansas (Mr. HILL) for 30 minutes.

Mr. HILL. Mr. Speaker, I thank my friend from Illinois (Mr. JACKSON) for his compelling presentation with his

colleagues on an issue of extreme importance to our whole society, and that is combating the chronic challenge that so many of our families face from diabetes. I thank my friend for his leadership here on the House floor.

Mr. Speaker, I rise tonight to address an important topic also confronting this Congress and our American citizens, and that is the continued U.S. financial support for the free country of Ukraine.

I say "financial support" because U.S. citizens overwhelmingly oppose Putin and his illegal, murderous invasion of his sovereign neighbor. Also overwhelmingly, Americans believe that our continued support of Ukraine is imperative to stop Russian aggression. Further, Americans believe that Putin poses a threat to our own interests and that withdrawing our support would be a sign of weakness to our allies.

With that said, and large Federal deficits and over \$33 trillion in debt, along with pressing needs here at home, some Americans question continued financial support. Specifically, what is the strategy tied to our economic support?

I will outline why it is in America's interest to support Ukraine in its powerful, committed fight to eject Putin from its unprovoked, illegal invasion of their sovereign nation. I will also work to clear up misconceptions or even myths about our current and past level of support for military security assistance, humanitarian aid, and direct financial support to the Government of Ukraine.

Mr. Speaker, it is longstanding U.S. policy as a founding member of NATO and the indispensable partner in the transatlantic military, diplomatic, and economic alliance to support a peaceful Europe safe from external threats from invasion or nuclear attack. Formally, since World War II, we have performed this multipronged mission against the Soviet Union, against non-state and state sponsors of terrorism, during the collapse of Yugoslavia in the 1990s, and even more recently with Putin's previous illegal incursion into the country of Georgia.

In 1985, some 40 years ago, President Reagan addressed the U.N. General Assembly and asked the rhetorical question: What kind of people will we be 40 years from now?

His hopeful answer: Free people whose governments rest upon the consent of the governed who do not wage war on their neighbors.

Sadly, Reagan's hopeful prediction remains untrue four decades later and, frankly, just as in 1985, still at the hands of the Russian leader.

For me, President Kennedy's inaugural charge perhaps said it best: "Let every nation know, whether it wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe to ensure the survival and the success of liberty. This much we pledge—and more."