

REMEMBERING DR. CLAY DOTSON

(Mr. CARTER of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARTER of Georgia. Mr. Speaker, I rise today to mourn the passing of Dr. Clay Dotson.

Dr. Dotson, the former Young Harris academic dean and, at times, the interim president, spent over 40 years working in higher education. Even in retirement, he stayed involved through his work on this college board.

He is noted for hiring most of the staff at Young Harris College as well as developing the faculty growth and development program, which helped the university grow enormously.

Dr. Dotson's legacy to Young Harris College reaches beyond the college and into the community. He was an active member of the Towns County Lions Club, which created the Georgia Mountain Fair. He was also a member of the Sharp Memorial United Methodist Church and served on the board of directors for the Bank of Hiawassee.

Dr. Dotson left a lasting impact on Young Harris College and Georgia as a whole. I extend my sympathies and prayers to Dr. Dotson's friends and family.

HONORING REVEREND DR. BOB DENTON

(Mrs. SYKES asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. SYKES. Mr. Speaker, today, I rise to honor the life and mourn the loss of Reverend Dr. Bob Denton, a true advocate and champion for the most vulnerable in Ohio's 13th Congressional District.

Throughout his life, Reverend Denton held many titles. He was an ordained minister, police academy graduate, police chaplain, Ph.D. sociologist, adjunct professor at the University of Akron, and, what he is best known for, the founder of the Victim Assistance Program in Akron.

For over 40 years, Reverend Denton served the program he founded as the executive director, a program that was the first victim assistance agency in Ohio and a pioneer in the national victim assistance advocacy movement, which led to the changes in State and Federal laws to help victims across this country. His leadership in this space was deeply respected across our Nation, as Reverend Denton served as the first president of the National Organization for Victim Assistance.

Without a doubt, Reverend Denton left a mark on Ohio's 13th Congressional District, the State of Ohio, and this country.

Though his presence will be missed, his memory will live on through those he advocated for and the family and friends he so deeply loved. Thus, with deepest sympathy, I pay tribute to a

truly phenomenal individual, Reverend Dr. Bob Denton.

EV MANDATES LIMIT CHOICE, RAISE COSTS

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, an electric vehicle mandate presents serious challenges for our economy, families, and everyday life. While these vehicles are often promoted as the future, they come with significant limitations and costs.

Long-distance travel can be difficult due to fewer charging stations than are needed, by far, and longer refueling times, rather than just the few minutes it takes to fill up with gasoline or diesel, this compared to gas-powered cars.

Also, we have this futile program with the Federal Government that has so far put aside \$8 billion a while back, and what have we got of it? Seven charging stations. There might be more by now, but it is pathetic.

This is particularly problematic in rural areas like I represent where there isn't the infrastructure at all to have the electricity. The amount of load the power lines would need to carry isn't even there yet.

How are you supposed to travel outside of a city area? Maybe it could just be a city mandate. Who knows?

They have high upfront costs and horrifically high costs when you go to replace the batteries. Heaven knows, we have seen what happens when they catch fire. You can't put them out.

We need not force these vehicles on a public that does not want to buy them.

CLOSING 8,000 CONSTITUENT SERVICE CASES

(Ms. PORTER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. PORTER. Mr. Speaker, I rise to celebrate the amazing casework team in my Orange County office, which recently closed over 8,000 constituent cases. Their hard work and dedication have given Orange County residents a voice with Federal agencies and gotten them the answers that they deserve.

Our casework team has facilitated efficient immigration proceedings, secured last-minute passports, and directly returned over \$24 million to the people of Orange County in Social Security benefits, IRS tax returns, veteran benefits, and more.

Navigating our Federal processes and programs should not be complicated, and my office has helped make that a reality for the people I represent. I am incredibly proud of how this team has cut through red tape, promoted transparency, and delivered for Orange County families.

It is my honor to help constituents with Federal agency issues, and I am

grateful for the trust they have placed in my office.

REPUBLICANS' ANTI-ESG AGENDA

(Ms. HOULAHAN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. HOULAHAN. Mr. Speaker, what happened to the Republican Party that once stood for free market capitalism, for for-profit businesses to be allowed to run their companies as they wanted, to be able to have people not be fettered by people like us here in Congress? Seriously, what happened to them?

I rise in opposition to my Republican colleagues and their efforts to strip Americans of their freedom to build, invest in, and do what is right for them, themselves, and their businesses. These bills that these Republican Members are passing and advancing this week will take away these rights from these businesses, investors, and consumers alike.

What does this mean? It means businesses can't account for record storms that impact their bottom line, retirees' hard-earned savings will suffer under limited investment options, or company policies that elevate women and minorities will be ignored.

Simply put, Republicans are trying to cancel freedoms that have been studied and proven to increase profits long term. It is absurd, and dare I say, it is pretty weird.

As co-chair of the Stakeholder Capitalism Caucus and a proud Pennsylvanian business leader, I urge my colleagues to reject this anticapitalist agenda.

END SENIOR HUNGER NOW

(Mr. MCGOVERN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, I rise today to highlight a recent article in "Generations Now," a publication from the American Society on Aging, titled "Food is Medicine" and authored by several experts in both nutrition and aging services.

The article makes the case for better leveraging the expertise and broad reach of community-based food programs through the Federal Older Americans Act Nutrition Program to combat hunger, prevent malnutrition, and reduce diet-related chronic disease among older Americans.

Seniors all across the country and from all walks of life trust and rely on Older American Act programs' nutritious meals and community connections.

These programs continue to innovate and bring people together. My home State of Massachusetts is highlighted for its efforts to encourage more locally grown foods and for partnering with local schools to promote intergenerational meals among participants.

Mr. Speaker, I include the text of the article in the RECORD.

FOOD IS MEDICINE—THE OLDER AMERICANS ACT NUTRITION PROGRAM AND COMMUNITY NETWORK ARE VITAL TO DELIVER IT

(By Shirley Chao, Judy Simon, Laura Borth, Lydia McGrath, Jaime Gahche, Mary Beth Arensberg, and Johanna Dwyer)

By 2050, the majority of older Americans will have at least one chronic disease or condition, many of which are diet-related with important health and economic implications. Diet-related chronic diseases are among the leading causes of death and disability in the U.S., intensifying the interest in food is medicine (FIM) interventions. Malnutrition and increasing food insecurity are also concerns for older adults. New data from the 2022 National Survey of Older Americans Act Participants report that up to 20 percent of Older Americans Act nutrition program (OAANP) participants are at high risk for malnutrition, as defined by unintended loss of weight and poor appetite and a majority of OAA participants report at least one chronic disease.

Yet, lack of infrastructure linking community-based food programs to clinical and other supportive services often makes it difficult for older adults to obtain the care they need in the place they live—the community. Older adults have the highest rate of dietary supplement use and may turn to condition-specific dietary supplements of unproven efficacy to help prevent or treat disease, potentially delaying more effective care and increasing risks of polypharmacy-related adverse reactions.

Congress recently required inclusion of reducing malnutrition as part of the OAA Title III Nutrition Services Program's purpose and the Administration on Community Living (ACL), which administers OAA programs, has required OAA state and area plans to include addressing malnutrition. Malnutrition's causes are many and include inadequate intake, disease, or a combination of these and other factors. It occurs in those who are under- as well as overweight. The OAANP helps to combat older adult malnutrition. Indeed, the U.S. Community Services Preventive Task Force recommends "home-delivered and congregate meal services for older adults living independently (i.e., not residents of senior living or retirement community centers) based on sufficient evidence of effectiveness showing reductions in malnutrition." For home-delivered meal services, CPSTF found sufficient evidence of effectiveness for increasing energy intake and improving health-related quality of life and well-being.

The OAA's national network of community nutrition programs is vital for ensuring that older adults receive the nutrition-related supportive services and information necessary to better deal with their health conditions. Further, the OAANP provides a strong foundation to support FIM for older adults in the community setting and it aligns with U.S. Department of Health and Human Services (HHS) FIM principles.

OAANP EXEMPLIFIES FIM AND ALIGNS WITH HHS FIM PRINCIPLES

The most expedient approach to building a viable and accountable community-based services infrastructure for FIM is to leverage the OAANP's broad expertise and network. The OAANP reaches and serves Americans in all locales and from all socio-economic and racial/ethnic backgrounds. The OAANP has the technical knowledge and federal/state administrative experience with local programs to ensure that federal and state monies are spent in both a cost-effective and accountable manner. In addition, through serv-

ing nearly 1 million meals a day and regularly forging links with clinical providers to combat malnutrition/diet-related diseases, the OAANP's capability is invaluable for guiding FIM services in collaboration with the private sector including foundations, universities and research institutions, employers and others.

Greater prevalence of diet-related chronic disease and increasing food insecurity—including in U.S. households with older adults—were driving factors leading to the 2022 White House Conference on Hunger, Nutrition, and the resulting National Strategy on Hunger, Nutrition and Health. Interest in and actions related to the FIM approach continue to grow in the U.S., with support from a variety of private and public sector funding streams including several new Centers for Medicare & Medicaid Services (CMS) initiatives.

The HHS Office of Disease Prevention and Health Promotion's framing language describes FIM as encompassing a broad range of approaches that "promote optimal health and healing and reduce disease burden by providing nutritious food—in conjunction with human services, education, and policy change—through collaboration at the nexus of healthcare and community." It identifies five FIM principles. The OAANP shares these goals and offers the benefit of federally required oversight and quality assurance. Specifically, the OAANP provides a framework to support these principles in community dwelling older adults in the following ways:

(1) Recognizes that nourishment is essential for good health, well-being, and resilience;

Nutrition is a fundamental health issue for older adults because poor nutrition—particularly protein calorie malnutrition—can lead to poorer health outcomes and risks for other health conditions including frailty and disability as well as increased healthcare costs. ACL requires OAA state plans to include addressing malnutrition, based on the OAA intent for the nutrition program to reduce hunger, food insecurity, and malnutrition; promote socialization; and enhance well-being through improved access to nutrition and other disease prevention/health promotion services.

The National Survey of Older Americans Act participants indicates that 70 percent or more of OAANP participants have reported eating healthier foods because of the program and over 80 percent report that OAANP meals help them remain independently in the community. A programmatic evaluation found congregate meal program participants had less likelihood of a hospital/nursing care facility admission or an emergency department visit. A recent U.S. Senate Special Committee on Aging report detailed the "OAA Nutrition Program has increased access to healthy and affordable food for older adults, helping to combat hunger, foster social connectedness, promote healthy aging, and prevent adverse health outcomes."

(2) Facilitates easy access to healthy food across the health continuum in the community;

While the OAANP may often be overlooked as a critical food access recourse, it plays a significant role in providing nutritious meals to community-based older adults. In 2019, the OAANP delivered 223 million meals to 2.4 million older adults through 5,000 community providers across the country. While many are familiar with hospitals referring patients to "meals on wheels" after hospital discharge to help with recuperation, the OAANP is modernizing its approaches to meet the needs of current and future older adult populations with a particular focus on underserved communities. For example, by offering online nutrition education, food

truck meals and pop-up meal sites in under-resourced areas, culturally appropriate meals, and restaurant partnerships, OAANP innovations help reduce barriers to accessing OAAANP nutritious meals and other services. (3) Cultivates understanding of the relationship between nutrition and health:

The OAANP services not only include meals but also nutrition education, nutrition assessment and screening, and additional supports like supplemental foods. Further, appropriate social services and healthcare referrals are offered based on person-centered needs. OAANP providers have solid foundations with registered dietitian nutritionists (RDNs) as staff who can ensure nutrition quality, food safety, and provide nutrition education. In some settings, and when funds and nutrition care pathways are in place, RDNs also provide medical nutrition therapy (MNT) directly to OAA participants. In addition, OAANP providers work closely with other medical professionals, hospital discharge staff, and community care coordinators during care transitions. The OAANP draws on objective, evidence-based nutrition research and information from multiple federal agencies including the National Institutes of Health Institute of Aging and Office of Dietary Supplements, the Food and Drug Administration, USDA, the Veterans Administration, the ACL Nutrition and Aging Resource Center, as well as from other organizations.

(4) Unites partners with diverse assets to build sustained and integrated solutions:

The OAANP operates across all states. Its strength lies in its ability to provide critical services that address numerous issues faced by older adults, including malnutrition, food insecurity, chronic disease, and social isolation. The OAANP is positioned to act as a vital link connecting older adults with help from other organizations, such as health clinics, food banks, and USDA's Supplemental Nutrition Assistance Program (SNAP) Senior Farmers Market Nutrition Program (SFMNP) and Commodity Supplemental Food Program. For example, the Massachusetts OAANP was identified as the Commonwealth's largest provider of nutrition and health services according to a FIM community inventory. The OAANP encourages the use of locally grown foods and arrangements with schools and other facilities serving meals to children to promote intergenerational meals. It also serves as a lead agency in developing protocols to procure qualified providers and hold vendors accountable to ensure nutrition and food safety standards are followed.

(5) Invests in the capacity of underserved communities

The OAANP focuses on underserved communities including persons with the greatest social and economic needs, those who are lower income, live in rural areas, and/or are members of minority communities. It also has the capability of expanding service delivery models to support state/community waivers and FIM initiatives.

OAANP FITS WELL IN THE STRATEGIC FRAMEWORK FOR A NATIONAL PLAN ON AGING

The U.S. Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities recently released Department of Health and Human Services (HHS) plan, *Aging in the United States: A Strategic Framework for a National Plan on Aging*. It raised awareness of key aging issues and also outlined goals for supporting older adult health and well-being. Nutrition is included as one of the healthcare/supportive services older adults need to improve "health and well-being across the lifespan", "age well in the community", and "advance their quality of life." Further, nutrition is among the important services listed as helping older

adults remain in their “desired homes in the community.” The OAA is specifically identified in that document as a “major vehicle for the organization and delivery of social and nutrition services.” As states move to develop and implement their own OAA and multi-sector aging plans, policymakers and stakeholders will benefit from engaging with the OAA and its experienced staff, to maximize the health and well-being of older Americans.

CONCLUSIONS

The OAA is holistic in scope and national in scale and is experienced in providing FIM-aligned interventions to older adults in the community. Building on its proficiency in collaborating and linking with community-level programs/providers and its existing framework for standards, monitoring, and enforcement, local providers can help ensure an accountable and scalable community services infrastructure for broader and widely impactful FIM initiatives. The OAA also has data, evaluation, and research expertise that could benefit FIM studies with older adults. Finally, policymakers can look to the OAA as a valuable partner for helping develop and implement federal and state plans and legislation that support older adults in aging well and for helping communities employ successful nutrition and health initiatives now and into the future.

Mr. MCGOVERN. Mr. Speaker, the Older Americans Act Nutrition Programs play an integral role in our efforts to end hunger now.

REFLECTING ON TRAJECTORY OF OUR DEMOCRACY

The SPEAKER pro tempore (Mr. BURLISON). Under the Speaker’s announced policy of January 9, 2023, the gentlewoman from Michigan (Ms. STEVENS) is recognized for 60 minutes as the designee of the minority leader.

Ms. STEVENS. Mr. Speaker, I rise before you here this evening, a stormy evening in Washington, D.C., in our Nation’s Capital, to make an address on behalf of my constituents in my district in Michigan, Michigan’s 11th District, representing and covering the bulk of Oakland County.

I make such an address this evening to reflect on the trajectory of our democracy, to reflect on events that have occurred since I booked this Special Order hour address back in July, and also to make some pronouncements around reforms, revisions, and efforts to come together for the health of our Union.

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Make no mistake about it, Mr. Speaker, I absolutely recognize the profound and humbling reality that it is to be a duly elected Member of the House of Representatives speaking and maintaining the privilege to speak in this Chamber to anyone who seeks to be watching back at home and on behalf of this profound nature of the discourse of our democracy.

I booked this Special Order hour because so much happens in the days of Congress, the session days of committee markups, of meetings with stakeholders and constituents, and

conversations with colleagues who hail from every ZIP Code around this great Nation. Something that I would like to tell the people back at home is that I have friends, such as the woman from Oakland County, Michigan, who is a champion for advanced manufacturing. Somehow now I have friends from Alaska to Tennessee to Maine to the coasts of California and inland into Nevada and the like, and the experiment of America and the experiment of American democracy really truly manifests in this very Chamber.

Of course, we recognize that all too often it is not celebrated, and it is not covered in the media outlets from the national news to the print journalism to the ongoing nature of social media when and how we come together on behalf of this Nation.

Something that we just witnessed is a failure to vote on passing our budget, and the clock is clearly ticking. The Democrats and Republicans couldn’t come together. In fact, Republicans joined Democrats to tank Republican legislation to fund the government. So we are again faced with the scenario that we have seen ourselves in time and time again in the 118th Congress where the minority party comes forward to act to save the worst from happening.

Proudly, President Biden in the last year of his Presidency can now just about claim that the government hasn’t shut down once under his watch. We have not defaulted on our debt, and, of course, just last term in the Congress, we rescued this Nation from the worst effects of the COVID-19 pandemic, investing in communities, investing in the incredible county I am so privileged to represent in Oakland County.

We gave Oakland County \$300 million, so we didn’t have to go back to our taxpayers and ask for more.

We are a donor-rich area. We all know that. We pay more than our fair share of taxpayer dollars, and then when we want to do more in the communities we have to go back and excise new tax. We have got to do millages.

Oakland County is under the great leadership of Dave Coulter. He is someone whom I am so proud to call a dear friend and collaborator. He is someone I work with really closely on behalf of the constituents of the 11th District because we believe in the table setting of government. We believe that government works best when Federal, State, local, and municipal come together to utilize taxpayer dollars effectively.

So what Coulter and his team were able to do with the moneys that came down from the great American Rescue Plan Act, the tiebreaking vote that Vice President HARRIS placed to pass it, is that they have invested in dozens of senior centers. Senior centers like the one in Waterford that was going back time and time again for a millage and couldn’t achieve that millage, and now they have their funding. Birmingham next has their funding. Med-

ical debt for the people of the 11th district and Oakland County is wiped out. Money is available to invest in 3-D printing, a program designed by Automation Alley, which is now being replicated in several other counties and has received funding from the State.

So that was just one bill that was passed at the beginning of the 117th session of Congress when President Biden rightfully took his oath and was sworn in as the 46th President of the United States.

We didn’t stop there, and we did become bipartisan when we passed an infrastructure bill.

Who knew that infrastructure would become so partisan?

It was somewhat partisan for some who were adamantly against the bill and now they go home and take the credit when the bridge is being repaired and the road is being paved. It is absolutely enormous that, for once, instead of just authorizing, we appropriated money to say we are going to do the maintenance and repair, and we are going to put the contractors to work. We are going to make sure we have got a prevailing wage and good wages and a seat at the table for our unions.

I talk to my building trades. They tell me they are all very busy and that they couldn’t be busier. Of course, when matched with the incredible infrastructure bill, which has done a lot for our water systems and our lead pipes and public transportation as well, of course, Oakland County passed a major transportation millage as well. Here in the Motor City, we now have busing that works very well and goes east to west. It was quite the triumph last term.

What we also have noticed, though, here is that when we did the clean energy investments, when we looked global competition in the face and said: In the last administration in a bipartisan way, we renegotiated NAFTA, we halted USMCA, we plussed up buy American content, we said we are going to have the rules of the road for our auto industry to succeed, a platform for us to go into markets. Yes, this happened under President Trump with Speaker NANCY PELOSI. We renegotiated USMCA.

Then in the next term we said: We are going to make investments in clean energy, not subsidies, not ownership structures, but large capital-intensive investments in industries of scale.

Mr. Speaker, that is so we are not overly reliant on our adversaries on the global stage, the Chinese Communist Party for one. Gosh knows what is going to totally happen over there.

We want to have domestic technologies in innovations. We want to have an ownership structure so that we are not forced to go and buy from overseas markets. We have learned this lesson over and over and over again. We have, frankly, learned this lesson with semiconductors, the microchips that go into anything from our general electronics devices, our cell phones, our