

together enough to eat from food pantries and charities.

Seniors are especially vulnerable to hunger as a health issue. Many seniors live on fixed incomes and are often faced with the tough choice of paying for their medications or paying for their food. For seniors, taking medication on an empty stomach can be especially dangerous and may land them in the hospital.

It is astounding that some of America's most vulnerable families must face these challenges month after month, year after year; but the good news is that hunger can also be one of the most treatable health conditions. Hunger is solvable. We have the resources, but we need to muster the political will to end hunger now.

One organization that has for years been doing incredible work to reframe the paradigm of hunger as a health issue is Community Servings, a Massachusetts-based nonprofit that delivers free meals to homebound individuals and their families. Their meals are medically tailored to meet the specific dietary needs of the recipients.

The Community Servings model addresses two of the biggest barriers that low-income individuals who are dealing with extended illness face: shopping for food and preparing meals. Community Servings takes care of that so that patients can focus on getting better without worrying about where their next meal is coming from.

The Community Servings model shows great promise in not only fighting hunger but also in saving money in our healthcare system. A survey last year of doctors and nurses who care for Community Servings clients found that 96 percent said that the meals improved their clients' health and 65 percent said they believed the meals had resulted in fewer hospitalizations.

We also need to do a better job of connecting our hospitals and our community health centers and VA hospitals with farmers markets. Organizations like Wholesome Wave are effectively expanding their fruit and vegetable prescription program, where doctors can write a prescription for fruits and vegetables that individuals could then immediately fill at a farmers market that might be set up on the hospital grounds 1 or 2 days a week.

Boston Medical Center has addressed hunger as a health issue head on with its Preventive Food Pantry permanently located in the hospital itself. Here, low-income families can work with a dietitian to choose foods that meet their dietary needs with an emphasis on fresh fruits and vegetables.

Food banks and food pantries are finding innovative ways to partner with local farms to provide more fresh produce to low-income families. I am proud to represent one such forward-thinking partnership in my congressional district. Every year, the Community Harvest Project, run through a local farm in Grafton, Massachusetts, donates hundreds of thousands of

pounds of fresh fruits and vegetables to the Worcester County Food Bank.

Finally, we ought to do a better job of educating doctors and nurses about what hunger looks like. I am always surprised when I talk to medical students, that they only take one or two, if any, classes in nutrition. That is why I am a cosponsor of my friend Congressman TIM RYAN's bill, the ENRICH Act, which would provide grants to improve nutrition education among healthcare professionals.

Mr. Speaker, as Members of Congress, we talk a lot about finding ways to save money in our healthcare system. In that same conversation, we need to do a better job of understanding that food is medicine.

We can't just address hunger and health as two separate issues; they are two sides of the same coin. Hunger is a health issue, and it should be treated as such. We can and we should do more to end hunger now.

PLANNED PARENTHOOD

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

Mr. LAMALFA. Mr. Speaker, as you know, the House adjourned for the month of August for time to be in the districts with our constituents.

Before that, we saw the breaking story in mid-July of Planned Parenthood and the videos that came out of the barbaric practices that were happening in there on aborted babies. Indeed, America was horrified as each of the videos unfolded to see that these are the practices that our tax dollars are somehow helping to fund in that organization.

The House did not completely take time away from Washington. Indeed, several of our committees started immediately taking action in July and then during August with letters transmitted to Planned Parenthood and others to make this more well known to the public, letters to invite them to explain themselves to committees—Energy and Commerce Committee, Judiciary Committee, Oversight and Government Reform Committee—which upon each video, as they became available to the public, Americans were more and more horrified with what was going on.

The actions in the House were to ask the first person in the first video, Dr. Nucatola, to come and present her case of what that video was about and why it happened to the committee.

Planned Parenthood responded that they probably wouldn't make Dr. Nucatola available; but indeed, finally, a month later, on August 27, the committee was able—a month later—to interview Dr. Nucatola.

Today, the Judiciary Committee will resume these hearings this morning, almost as we speak now. Indeed, later on, Oversight and Government Reform later this week and Energy and Com-

merce Committee this week, will be doing more investigations, more hearings, on this, as is our prerogative in the House with Oversight and Government Reform because the American people, no matter how they feel about the question on abortion, post-abortion, when Planned Parenthood appears to most people to now be the equivalent of a chop shop for baby parts, they are outraged. They are going: Why are my tax dollars going to this organization?

This isn't about women's health. There are lots of options for the health issues that women do need that don't have to be funded by an organization that is doing these practices.

□ 1030

The House will continue its work on the investigations that are needed here, and we will continue on our work, seeing to it that tax dollars can be pulled back from supporting such an organization with such barbaric practices and with such a callous attitude as they discuss them over a glass of wine, on camera, at lunch. Indeed, this is our time in Congress, through this investigative process, to stand up for life, for what is right, for what is moral, and we dare not shirk from that responsibility.

PILLOW FIGHT

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

Ms. SPEIER. Mr. Speaker, like slumber parties and sleepovers, a pillow fight doesn't sound like the type of activity that would leave 30 of our Nation's most promising future military leaders injured or call into question the management practices of the Army's top academy. Yet, that is exactly what happened.

We just learned that, on August 20, West Point freshman cadets got together for an annual pillow fight, and according to press accounts, they swung pillowcases packed with large, hard objects, thought to be helmets. This fight badly injured 30 cadets, 24 of them diagnosed with concussions. There were shoulders dislocated, one cadet diagnosed with a hairline fracture of the cheekbone, some with broken noses and split lips. Before the fight, upperclassmen commanders reportedly encouraged the freshmen by telling them, "If you don't come back with a bloody nose, you didn't try hard enough."

The American people deserve to know what happened here. West Point and the Army have provided conflicting explanations, saying in one instance, "Many members of the plebe class spontaneously participated in a pillow fight," while, in another, they suggested that a pillow fight is a hal- lowed annual tradition, dating back to 1897. Well, which is it?

West Point, apparently, doesn't know how to run this pillow fight either.