

and violent extremist operated websites from across the ideological spectrum . . . pose one of the most significant threats to global efforts in tackling terrorist use of the internet by governments, the tech sector, law enforcement and NGOs.

While mis-, dis-, or mal-information may not in and of itself constitute terrorist content, conspiracy theories in such information may propel terrorists and violent extremists to action.

Misinformation, disinformation, and mal-information undermine homeland security and law enforcement efforts to combat violent extremism.

Misinformation and false narratives in political discourse, news media, and online have increased support for political violence.

The availability of extremist content online means that today, “everyone is just a few clicks away from an ever-expanding series of rabbit holes that offer up whole worlds of disinformation and hate.”

In January 2021, President Biden initiated a 100-day comprehensive review of Federal efforts to address domestic terrorism.

The review found that racially or ethnically motivated violent extremists who advocate for the superiority of the white race and anti-government or anti-authority violent extremists are the two most lethal elements of today’s terrorism threat, and as a result of that review, in June 2021 the Biden Administration released the first-ever National Strategy for Countering Domestic Terrorism.

It is a comprehensive strategy for addressing the threat posed by domestic violent extremists and recognizes that online narratives promoting attacks on U.S. citizens, institutions, and critical infrastructure are a key factor driving radicalization and mobilization to violence.

Under the Strategy, DHS is responsible for preventing terrorism and I targeted violence, including through threat assessments, grants, and community-based prevention programs; enhancing public awareness; assessing, evaluating, and mitigating the ‘risk of violence inspired by violent extremist narratives, including those narratives shared via online platforms; and establishing partnerships with nongovernmental organizations.

In May 2021, DHS announced the establishment of the Center for Prevention Programs and Partnerships (CP3), which would help the Department combat terrorism and targeted violence.

The City of Houston’s Mayor’s Office of Public Safety and Homeland Security (MOPSHS) is a recipient of \$603,855.00 and has used the funds to reengage the cities community partners to form a coalition that will share information, assess threats, and be a resource to the community.

The city will work with the Texas Educational Service Center to develop a curriculum to educate students about radicalization to violence, media literacy, and bias.

According to CSIS, White supremacists, extremist militia members, and other violent far-right extremists were responsible for 66 percent of domestic terrorist attacks and plots in 2020.

On June 7, Harry H. Rogers—a self-proclaimed leader of the Ku Klux Klan—intentionally drove his pick-up truck into a crowd of Black Lives Matter demonstrators in Henrico, Virginia. One protester was injured, and Rogers received a six-year prison sentence.

In another case a Nevada man used an armored truck to block traffic on the Hoover Dam Bypass Bridge and held up signs—then he fled to Arizona where he was arrested.

At the time of his arrest he referenced QAnon conspiracy theories and discussed related conspiratorial beliefs.

No matter what other challenges might emerge, we must never forget that one of our nation’s greatest threats comes from our struggle against violent extremism that began on September 11, 2001 and has extended to violent extremists living among us who use political affiliation as a justification for acts of terror.

I ask fellow members of the House to join me in voting in favor of H.R. 350.

The SPEAKER pro tempore (Ms. CASTOR of Florida). All time for debate has expired.

Pursuant to House Resolution 1124, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BISHOP of North Carolina. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

ACCESS TO BABY FORMULA ACT OF 2022

Mr. SCOTT of Virginia. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 7791) to amend the Child Nutrition Act of 1966 to establish waiver authority to address certain emergencies, disasters, and supply chain disruptions, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7791

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Access to Baby Formula Act of 2022”.

SEC. 2. AUTHORITY TO ADDRESS CERTAIN EMERGENCIES, DISASTERS, AND SUPPLY CHAIN DISRUPTIONS.

Section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) is amended—

(1) in subsection (b), by adding at the end the following:

“(24) SUPPLY CHAIN DISRUPTION.—The term ‘supply chain disruption’ means a shortage of supplemental foods that impedes the redemption of food instruments, as determined by the Secretary.”;

(2) in subsection (h)(8), by adding at the end the following:

“(L) INFANT FORMULA COST CONTAINMENT CONTRACT REQUIREMENT.—

“(i) IN GENERAL.—The Secretary shall require that each infant formula cost contain-

ment contract renewed or entered into on or after the date of the enactment of the Access to Baby Formula Act of 2022 includes remedies in the event of an infant formula recall, including how an infant formula manufacturer would protect against disruption to program participants in the State.

“(ii) REBATES.—In the case of an infant formula recall, an infant formula manufacturer contracted to provide infant formula under this section shall comply with the contract requirements under clause (i).

“(M) MEMORANDUM OF UNDERSTANDING.—Not later than 30 days after the date of the enactment of the Access to Baby Formula Act of 2022, the Secretary shall ensure there is a memorandum of understanding between the Secretary and the Secretary of Health and Human Services that includes procedures to promote coordination and information sharing between the Department of Agriculture and the Department of Health and Human Services regarding any supply chain disruption, including a supplemental food recall.”; and

(3) by adding at the end the following:

“(r) EMERGENCIES AND DISASTERS.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, during an emergency period, the Secretary may modify or waive any qualified administrative requirement for one or more State agencies if—

“(A) the qualified administrative requirement cannot be met by State agencies during any portion of the emergency period under the conditions which prompted the emergency period; and

“(B) the modification or waiver of such a requirement—

“(i) is necessary to provide assistance under this section; and

“(ii) does not substantially weaken the nutritional quality of supplemental foods provided under this section.

“(2) DURATION.—A waiver established under this subsection may be available for a period of not greater than the emergency period and the 60 days after the end of such emergency period.

“(3) DEFINITIONS.—In this subsection:

“(A) EMERGENCY PERIOD.—The term ‘emergency period’ means a period during which there exists—

“(i) a public health emergency declared by the Secretary of Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d);

“(ii) any renewal of such a public health emergency pursuant to such section 319;

“(iii) a presidentially declared major disaster as defined under section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.); or

“(iv) a presidentially declared emergency as defined under section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

“(B) QUALIFIED ADMINISTRATIVE REQUIREMENT.—The term ‘qualified administrative requirement’ means a requirement under this section or a regulatory requirement issued pursuant to this section.

“(s) SUPPLY CHAIN DISRUPTIONS.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, during a supply chain disruption, including a supplemental food product recall, the Secretary may modify or waive any qualified administrative requirement for one or more State agencies if—

“(A) the qualified administrative requirement cannot be met by State agencies during any portion of the supply chain disruption, including a supplemental food product recall, under the conditions which prompted such disruption or recall; and

“(B) the modification or waiver of such a requirement—

“(i) is necessary to provide assistance under this section; and

“(ii) not substantially weaken the nutritional quality of supplemental foods provided under this section.

“(2) **WAIVER AUTHORITY.**—The Secretary may, under a waiver or modification under paragraph (1)—

“(A) permit authorized vendors to exchange or substitute authorized supplemental foods obtained with food instruments beyond exchanges for an identical (exact brand and size) food item;

“(B) waive any requirement with respect to medical documentation for the issuance of noncontract brand infant formula, except for the requirements for participants receiving Food Package III (as defined in section 246.10(e)(3) of title 7, Code of Federal Regulations (as in effect on the date of the enactment of this subsection));

“(C) waive the maximum monthly allowance for infant formula; and

“(D) waive any additional qualified administrative requirement to address a supply chain disruption, including a supplemental food product recall.

“(3) **DURATION.**—A waiver or modification established under this subsection—

“(A) may be—

“(i) available for a period of not more than 45 days, to begin on a date determined by the Secretary; and

“(ii) renewed so long as the Secretary provides notice at least 15 days before such renewal; and

“(B) shall not be available after the date that is 60 days after the supply chain disruption for which such waiver is established ceases to exist.

“(4) **TRANSPARENCY.**—

“(A) **IN GENERAL.**—If the Secretary determines that a supply chain disruption exists and issues a waiver or modification under this subsection, the Secretary shall notify each State agency affected by such disruption and include with such notification an explanation of such determination.

“(B) **PUBLICATION.**—The Secretary shall make each determination described in subparagraph (A) publicly available on the website of the Department.

“(C) **STATE AGENCY REQUIREMENTS.**—In the case of a waiver or modification under this subsection related to infant formula, a State agency notified under subparagraph (A) shall notify each infant formula manufacturer that has a contract with such State agency with respect to such notification.

“(5) **QUALIFIED ADMINISTRATIVE REQUIREMENT DEFINED.**—For purposes of this subsection, the term ‘qualified administrative requirement’ has the meaning given the term in subsection (r).”.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. SCOTT) and the gentlewoman from California (Mrs. STEEL) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. SCOTT of Virginia. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 7791, the Access to Baby Formula Act of 2022.

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

There was no objection.

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Madam Speaker, across the country, the ongoing shortage of formula is disproportionately hurting women and children who rely on the benefits through the WIC program, leaving them with few options to purchase safe formula for their infants. That is because about half of the infants in America participate in the WIC program.

In times of crisis, one of our core responsibilities as lawmakers is to ensure that families in need can continue to feed their children and keep them healthy.

While I am encouraged that the Biden administration and Abbott Nutrition have reached an agreement to restart formula production following the company's recall, the immediate consequences facing our children require additional action.

That is why the gentlewoman from Connecticut (Mrs. HAYES) and the gentlewoman from California (Mrs. STEEL) and I took action to help vulnerable Americans provide their babies with the nutrition they need. One of the flexibilities in the WIC program that the Access to Baby Formula Act provides will allow families in need to use WIC benefits to purchase other safe and available infant formula products.

WIC vouchers can be limited to one brand product. This makes sense because a WIC program can require companies to bid for the privilege of participating. Having the power to limit participation to just one brand encourages vendors to agree to huge discounts.

Unfortunately, in a time of shortage, a voucher for a product not on the shelf is of no value. This bill allows flexibility in such a time so that parents will be able to purchase whatever brand is actually available.

This legislation reflects our commitment to ensuring access to formula for those who need it most, during both the current crisis and into the future.

Madam Speaker, I thank the gentlewoman from Connecticut and the gentlewoman from California for their urgent leadership on the Access to Baby Formula Act, and I urge my colleagues to join in taking a stand for our Nation's children.

Madam Speaker, I reserve the balance of my time.

Mrs. STEEL. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 7791, the Access to Baby Formula Act, a bipartisan bill I am proud to lead with my colleague from Connecticut.

The shortage of infant formula across the country has led to panic and desperation among so many families. As a parent, there is nothing more important than ensuring the health and safety of your child. As families continue to bear the brunt of crippling inflation, this formula shortage only compounds

the stress that these families are facing at home.

It is estimated that the cost of baby formula is up almost 20 percent in the last year. More than 40 percent of the top-selling baby formula products were out of stock as of the beginning of this month. Families desperate to feed their babies shouldn't have to face empty shelves because of government mismanagement and overregulation.

We should have never gotten to this point, but this bipartisan legislation will provide certainty for recipients and manufacturers, ensuring this crisis doesn't happen again.

Under this bill, WIC participants and infant formula manufacturers will receive the clarity they need in the event of another emergency or supply chain disruption. The bill requires infant formula manufacturers to have a plan that will detail how they will address an emergency or disruption, so WIC participants aren't impacted.

Importantly, the bill also includes strict timelines so the companies and WIC participants will know the rules of the road during a disruption.

Finally, this bill includes important transparency requirements so the public will know what the administration is doing to remedy this crisis and prevent future disruptions. I am pleased that we were able to come together and put American families first.

Madam Speaker, families deserve to have this weight lifted off their shoulders. It is time to act and pass this resolution.

Madam Speaker, I reserve the balance of my time.

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Mr. SCOTT of Virginia. Madam Speaker, I yield 4 minutes to the gentlewoman from Connecticut (Mrs. HAYES).

Mrs. HAYES. Madam Speaker, I rise in support of this very important piece of legislation.

WIC recipients utilize formula at roughly double the rate of nonparticipating families, ensuring that this crisis has had a disproportionate impact on communities and families with the highest needs. That means that low-income women and children are particularly vulnerable during this nationwide formula shortage.

Today, we are taking swift action to help these families feed their babies by safely getting more baby formula onto store shelves in the face of manufacturer recalls.

I am excited to work with leadership and introduce the Access to Baby Formula Act, which helps improve access to formula products for WIC participants while also better protecting them during future product recalls.

This legislation establishes waiver authority to address emergencies during disasters and supply chain disruptions by ensuring States that contract companies with the WIC program can secure supplies from additional manufacturers, if necessary.

The bill also waives requirements that slow down the process to get formula back on the shelves, without sacrificing safety standards.

The bill promotes coordination and information sharing between the Secretary of Agriculture and the Secretary of Health and Human Services regarding any supply chain disruption, including supplemental food recalls.

As a member of the Education and Labor Committee and chair of the Subcommittee on Nutrition, Oversight, and Department Operations, when this crisis arose, I was concerned, like many of my colleagues. I called the chairman and spoke to Speaker PELOSI to share my concerns. We worked together to come up with a solution to get formula to families as quickly as possible.

I thank the gentlewoman from California (Mrs. STEEL) for joining us in this effort. I thank her so much for her help.

I know the feeling of desperation and stress that mothers, grandmothers, and family members across the country are feeling as they are searching for formula for their children.

Mothers in my district have joined Facebook groups to find where formula is available in our district. They are waiting in long lines outside of stores and buying sample packs on the street. They are even resorting to the dangerous practice of watering down their formula just to stretch the supply. They are desperate.

As many as 75 percent of American families are at least partially dependent on formula to provide nutrients to their infants. Additionally, some infants are solely reliant on specialty formulas to manage medical disorders.

In my district, I talked to Marcia from Farmington and Caitlin from Wattertown, who sent messages to my office begging for help. My heart broke as these women shared their stories.

For those families who are able to find formula in local stores, the prices they are paying today have increased dramatically, in some cases up 18 percent over the past year.

It is important to recognize why we are in this situation. Families are actively seeing the consequences of a monopoly in any industry during a time of unprecedented supply chain challenges. The U.S. infant formula market is dominated by three companies: Abbott Nutrition, Enfamil, and Gerber. Abbott holds the largest share of contracts in the WIC program with States, territories, and Tribes. This means that nearly half of all infants in the program are reliant on their formula.

They also provide 43 percent of baby formula in the United States and is one of several companies that controls 89 percent of the U.S. infant formula market, making it especially vulnerable to issues like this.

When the massive companies in charge of this product fail, millions of families are thrust into the dangerous situation of not being able to feed their children.

It is unconscionable that we did not have a backup plan for a supply chain issue like we are seeing, and families are left desperate. This bill does that, ensuring that if we ever have this type of crisis in the future, we are prepared, and we can quickly shift gears.

I want to say to the moms struggling that we hear you in Congress, and you do not need to handle this on your own. We are working to find you a solution. Your words are not falling on deaf ears.

Madam Speaker, I urge my colleagues to support this legislation.

Mrs. STEEL. Madam Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), the Speaker of the United States House of Representatives.

Ms. PELOSI. Madam Speaker, I thank the gentleman for yielding and for his great leadership in bringing this important legislation to the floor, which is part of his leadership for the children, America's working families, and our country.

I also commend Congresswoman JAHANA HAYES for her exceptional leadership in this regard, for talking about this issue, for giving people hope that there is a solution not only to correct the situation for now but to make sure it doesn't happen again.

I thank Mr. SCOTT for his leadership in so many ways.

Madam Speaker, today, the House is taking strong action to improve access to infant formula through the Women, Infants, and Children's program, also known as WIC. This shortage has taken an especially dangerous toll on women and children from underserved communities as about half of all infant formula sold nationwide is purchased as WIC benefits.

Thanks to the tireless leadership of Congresswoman JAHANA HAYES and Education and Labor Chairman BOBBY SCOTT, we will pass legislation today to secure important flexibility for the WIC program to help vulnerable families buy infant formula in times of emergency.

This action ensures WIC can respond quickly to supply chain disruptions and recalls by relaxing certain non-safety-related regulations. In doing so, we make sure that America's babies get the nutrition they need right now and for the future.

At the same time, under the relentless leadership of Appropriations Chair ROSA DELAURO, the House will soon pass an emergency supplemental appropriation to address the shortage.

The supplemental delivers urgently needed resources to the FDA to take steps to restore formula supply, increase FDA's inspection staff, keep fraudulent products off the grocery shelves, and better collect data on shortages in communities across the Nation.

It is essential that we ensure the Federal Government has the resources it needs to get baby formula back on

the shelves. As the President said, we want to do it quickly, but we must do it safely, and we must do it with caution, not so fast as not to be safe.

These two bills are strong steps, and Democrats will not relent in shining a bright light on this emergency.

I am hopeful that Congressman SCOTT's and Congresswoman HAYES' legislation will be strongly bipartisan. That is my understanding, and that would be a great thing, coming together for the children.

Additionally, Chairwoman DELAURO is having hearings tomorrow in the Appropriations Committee on this subject. Chairman FRANK PALLONE of the Energy and Commerce Committee will be holding hearings next week to learn more. Chairwoman CAROLYN MALONEY of the Committee on Oversight and Reform has launched an investigation into the shortage, requesting that the four major formula manufacturers detail the steps they are taking to address this emergency. I thank her for her leadership.

When people ask me what the three most important issues facing the Congress are, I always say the same thing: our children, our children, our children—their health; their education; the economic security of their families; a clean, safe, gun violence-free environment in which they can thrive; and a world at peace in which they can reach their fulfillment.

That is why ensuring our beautiful babies have the nutrition they need to grow up healthy and strong is of urgent moral imperative.

As a mother of five and grandmother of nine, I know firsthand that when a baby is crying because a baby is hungry, we want to give that baby what is best for the baby in terms of not only satisfying the hunger but helping with the development, and that is why this has to be safe. Together, these two bills are the latest manifestation of our For the Children agenda, protecting their health and well-being.

Today, the President invoked the Defense Production Act to address nationwide shortages of baby formula, and that is a good thing. He will also make available some military aircraft to bring formula that is safe from other places to our country to get that formula on the shelves, in the homes, for the babies as soon as possible.

I say this is as personal as it gets for a family. Again, we all want it to be safe, and that is what I know that this legislation is about. That is why a vote “no” on this will deprive hungry babies of nutrition they need and jeopardize their future. That is why I am so glad it will be strongly bipartisan.

I urge an “aye” on both bills for the babies, for the children, and I congratulate both sides of the aisle for their work on this legislation.

Mrs. STEEL. Madam Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Madam Speaker, I thank my friend for yielding the time.

Madam Speaker, I rise today in support of H.R. 7791, the Access to Baby Formula Act, to prevent a future crisis like the one taking a toll on families today. I am a grandfather and a father, so it is important to me.

Across the country, new mothers are going store to store in desperate search of baby formula. It is stressful; it is gut-wrenching; and it is unacceptable. Even when parents can find baby formula, the price has soared 18 percent in the past year.

How did we get to this dire situation? Last November, the Food and Drug Administration shut down the Nation's top baby formula manufacturer, a plant just outside of my district in Michigan. Since then, the Biden administration has slow-walked the response and failed to understand the consequences of their actions. The FDA should have reopened the Abbott plant in Sturgis sooner.

This plant is consequential, in large part due to a contract they have with WIC. H.R. 7791 takes critical steps to safeguard WIC participants, even in the event of something like a plant closure.

This legislation requires preparation and planning for supply chain disruptions, ensures appropriate guide rails, and will prevent disasters caused in part by government contracts altering the market.

As a parent, ensuring the health and well-being of your child is paramount. They should not have to scramble from one empty shelf to another and worry about feeding their babies. This formula shortage is an urgent crisis and one that cannot happen again.

I urge my colleagues to support the Access to Baby Formula Act.

Mr. SCOTT of Virginia. Madam Speaker, I yield 2 minutes to the gentlewoman from New York (Mrs. CAROLYN B. MALONEY), the chairwoman of the Oversight and Reform Committee.

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I thank the gentleman for yielding and for his extraordinary leadership on this issue and so many other areas.

I thank our Speaker for speaking out so beautifully for the children, for our support for their health, for baby formula, for their support in general, and ROSA DELAURO for her appropriations bill that will supply \$28 million for the baby formula crisis. For the author of this very important bill before us, Representative JAHANA HAYES, I thank her for her leadership, too.

I rise in support of H.R. 7791, the Access to Baby Formula Act, vital legislation to improve access to infant formula for families with less income who use the WIC family benefit program. That is the Women, Infants, and Children program.

The Abbott recall and formula shortages have devastated families across our country, particularly those who rely on the WIC program.

I have been contacted by constituents who are traveling far and wide to

find the formula. They are going on the internet to find it. They are printing their grandmothers' formulas. They are coming up with other ways to try to get formula to infants.

This is absolutely unacceptable. We cannot sit by while families struggle to feed their babies.

That is why I have sent letters to the CEOs of the four largest baby formula manufacturers, pressing them on their plans to boost supply. What happened? Why did this happen in the first place? How soon are they going to get formula back on the shelves of our stores for our families? How will they prevent future shortages?

We must pass this bill to provide the additional WIC program with the flexibility that President Biden called for so that families across the country can access affordable formula.

Under the WIC program now, they are only allowed to contract with Abbott, the company that had the recalls, so this would allow them to contract with other companies to provide this vital service.

Mrs. STEEL. Madam Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I include in the RECORD a letter from dozens of health, nutrition, education, and child advocacy organizations urging passage of this legislation, and I reserve the balance of my time.

MAY 18, 2022.

HON. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

HON. CHARLES SCHUMER,
Majority Leader, U.S. Senate,
Washington, DC.

HON. KEVIN MCCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

HON. MITCH MCCONNELL,
Minority Leader, U.S. Senate,
Washington, DC.

DEAR SPEAKER PELOSI, LEADER MCCARTHY, LEADER SCHUMER, AND LEADER MCCONNELL: Parents across the country are increasingly anxious about the diminished availability of infant formula in traditional retail channels after Abbott Nutrition instituted a nationwide recall of its most popular products in February 2022. The undersigned organizations urge swift action in Congress to provide federal agencies with the flexibilities and resources needed to shore up supply, assure the safety of infant formula available on the market, and provide families with options that ensure babies have access to essential nutrition.

Although breastfeeding is the optimal source of infant nutrition, sustained breastfeeding is not an option for many mothers. Infant formula is an essential product constituting the majority—or even exclusive—source of nutrition for many infants and some older children and adults with metabolic disorders. Since Abbott Nutrition announced the infant formula recall in February 2022, the Food and Drug Administration (FDA) has led an interagency effort to address supply challenges and encourage increased production among the limited domestic manufacturers. The infant formula manufacturing sector is highly concentrated, with only four companies—Abbott Nutrition, Reckitt Benckiser (Mead Johnson), Nestlé (Gerber), and Perrigo—commanding nearly

90 percent of the domestic infant formula supply. As the nation navigates through the Abbott recall, manufacturer assurances of increased production have not yet translated to increased stock on the shelves, leaving many families with limited options and acutely impacting individuals who need specialty formulas to accommodate for allergies, digestive issues, or metabolic disorders.

More than half of all infant formula purchases in the country go through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which typically limits the 1.2 million infants receiving formula benefits to a specific brand. Though WIC's State-based, sole-source contracting process has been a successful cost containment strategy, limited options posed a unique challenge during this unprecedented failure of the manufacturing sector. Starting in February 2022, a patchwork of waivers from the U.S. Department of Agriculture (USDA) and contract flexibilities exercised by State WIC Agencies allowed for WIC families have more options—including additional container sizes and brands—to ensure that low-income families could obtain infant formula amid limited supply on the shelves.

As with the commercial market, WIC's program structure did not anticipate the possibility of the widespread shortages that are felt today by all parents of formula-fed infants. The bipartisan Access to Baby Formula Act advances common-sense, but essential, flexibilities that will provide regulatory relief and maximum flexibility to State and local providers as they support low-income families during product recalls and public health emergencies. This legislation also works to build contingencies into State contracts with infant formula manufacturers and promotes collaboration between USDA and FDA to assure a coordinated, public-private response to infant formula recalls and supply disruptions. These steps empower WIC with the flexibility to ensure that the most vulnerable infants have access to adequate nutrition when supply is strained or limited.

Additionally, the *Infant Formula Supplemental Appropriations Act of 2022* would provide \$28 million in funding for FDA to address product shortages and strengthens the agency's capacity to assure safety of infant formula, especially as new products enter the domestic market. FDA's limited bandwidth to monitor for safe manufacturing practices at infant formula production sites is concerning, and this additional funding will be essential to building a safe and more resilient supply chain that delivers quality product to support infants' nutrition needs.

Together, these two bills provide a substantial next step in the federal response to the Abbott recall and will better position agencies and low-income families to weather the crisis. But more must be done to identify and remedy the structural factors that allowed for the domestic infant formula supply to be so substantially impacted by the closure of only one manufacturing facility. We look forward to ongoing efforts in Congress and federal agencies to assess the competitiveness of the infant formula manufacturing sector and assure that any given manufacturer's operations are sufficiently diversified to deliver essential product to parents in need.

We thank you for your attention to this issue, which remains top-of-mind for so many parents across the country, and we urge swift action to deliver change and build a better future for the next generation of Americans.

Sincerely,

NATIONAL ORGANIZATIONS

National WIC Association, MomsRising, 2020 Mom, 9to5, A Better Balance, Academy

of Nutrition and Dietetics, American Federation of State, County, and Municipal Employees (AFSCME), Alliance to End Hunger, American Academy of Family Physicians, American Federation of Teachers, American Public Health Association, American Public Human Services Association, American Society for Nutrition, Association of Maternal & Child Health Programs, Association of State and Territorial Health Officials, Asthma and Allergy Foundation of America.

Autistic People of Color Fund, Autistic Women & Nonbinary Network, BUILD Initiative, Campaign for a Family Friendly Economy, Catholics for Choice, Center for Science in the Public Interest (CSPI), Chamber of Mothers, Child Care Aware® of America, Child Welfare League of America, Children's Advocacy Institute, Children's HealthWatch, Coalition on Human Needs, Community Change Action, Congregation of Our Lady of Charity of the Good Shepherd, U.S. Province; Democratic Mayors Association, Disability Rights Education & Defense Fund, Educare Learning Network, Equal Rights Advocates.

Family Values @ Work, Family Voices, Families USA, FARE (Food Allergy Research and Education), First Five Years Fund, First Focus Campaign for Children, Food Research & Action Center (FRAC), Hispanic Federation, Hunger Free America, League of United Latin American Citizens (LULAC), March of Dimes, Mazon: A Jewish Response to Hunger, Mom Congress, National Advocacy Center of the Sisters of the Good Shepherd, National Association for the Education of Young Children, National Association of Councils on Developmental Disabilities, National Association of Counties (NACo), National Association of Social Workers, National Birth Equity Collaborative.

National Center for Parent Leadership, Advocacy & Community Empowerment (National PLACE), National Community Action Partnership, National Council of Jewish Women, National Diaper Bank Network, National Education Association, National Head Start Association, National Partnership for Women & Families, National Women's Law Center, Nemours Children's Health, Network Lobby for Catholic Social Justice, Nurse-Family Partnership, ParentsTogether Action, Partnership for America's Children, Perigee Fund, PL+US: Paid Leave for the U.S., Population Connection Action Fund, Prevent Child Abuse America, Public Advocacy for Kids (PAK), Research 2 Impact, RESULTS.

Save the Children, Share Our Strength, Society for Nutrition Education and Behavior, Start Early, Supermajority, The Arc of the United States, The National Consumers League, The United States Conference of Mayors, Ultra Violet, United State of Women, United States Breastfeeding Committee, URGE: Unite for Reproductive & Gender Equity, Women's March, Young Women for US, Youth Villages, YWCA USA, ZERO TO THREE, Zioness Movement.

STATE AND LOCAL ORGANIZATIONS

Arizona Head Start Association, AZ; Arizona Local Agency WIC Association, AZ; Arkansas Advocates for Children and Families, AR; BreastfeedLA, CA; California WIC Association, CA; Head Start California, CA; LA Best Babies Network, CA; Parent Voices CA, CA; Region 9 Head Start Association, CA; Clayton Early Learning, CO; Colorado Children's Campaign, CO; Family Voices CO, CO; Raise Colorado Coalition, CO; Connecticut Early Childhood Alliance, CT; Connecticut Women's Education and Legal Fund (CWEALF), CT; Universal Health Care Foundation of Connecticut, CT.

Educare DC, DC; RESULTS DC/MD, DC; Rodel, DE; Florida Policy Institute, FL;

GEEARS: Georgia Early Education Alliance for Ready Students, GA; Hawaii Children's Action Network Speaks!, HI; Common Good Iowa, IA; Children's Home & Aid, IL; Erie Family Health, IL; Illinois Action for Children, IL; First Things First, Porter County, IN; New Hope Services, Inc., IN; Kansas Action for Children, KS.

Agenda for Children, LA; The Amandla Group, LLC, LA; CCAL, LA; For Providers By Providers, LA; The Little Schoolhouse, LA; Louisiana Partnership for Children and Families, LA; Louisiana Policy Institute for Children, LA; Toddler's University, LA; YWCA Greater Baton Rouge, LA; Maine Children's Alliance, ME; Maine State Parent Ambassadors, ME; The Opportunity Alliance, ME.

BAMSI-Quincy WIC, MA; Community Action Pioneer Valley, MA; Holyoke/Chicopee WIC, MA; Lawrence WIC, MA; Massachusetts Association of WIC Program Directors, MA; Valley Opportunity Council, Inc., MA; WIC Chelsea/Revere, MA; Maryland WIC Association, MD; Michigan Council for Maternal and Child Health, MI; Michigan League for Public Policy, MI; Michigan's Children, MI; Southeast Michigan Early Childhood Funders Collaborative, MI; Montana Association of WIC Agencies, MT; Zero to Five Montana, MT; Central District Health Department, NE; FHSI WIC, NE.

Children's Advocacy Alliance, NV; Early Learning NH, NH; Granite State Progress, NH; Greater Seacoast Community Health, NH; New Hampshire WIC Directors Association, NH; New Hampshire Women's Foundation, NH; Advocates for Children of New Jersey, NJ; Bernards Township Health Department, NJ; Burlington County Health Department, NJ; Family Voices NJ, NJ; Freehold Area Health Department, NJ; Gloucester County Health Department, NJ; Maplewood Health Department, NJ; Monmouth County Health Department, NJ; National Association of Social Workers—NJ Chapter, NJ.

New Jersey Citizen Action, NJ; New Jersey Time to Care Coalition, NJ; NJPHA, NJ; SPAN Parent Advocacy Network (SPAN), NJ; Township of Bloomfield, NJ; Village of Ridgewood Health Department, NJ; Visiting Nurse Association of Central Jersey, NJ; Visiting Nurse Association Health Group WIC, NJ; Visiting Nurse Association, NJ; New Mexico Voices for Children, NM; Parents Reaching Out To Help, NM; Alliance for Quality Education, NY; Citizens' Committee for Children of New York, NY; Prevent Child Abuse NY, NY; The Children's Agenda, NY; Chinese-American Planning Council, NY; WIC Association of New York State, NY.

Child Care Services Association, NC; NC Child, NC; North Carolina Budget & Tax Center, NC; North Carolina Early Education Coalition, NC; North Carolina Head Start Collaboration Office, NC; North Carolina Infant & Early Childhood Mental Health Association, NC; Partnership for Children of Johnston County, NC; Prevent Child Abuse North Carolina, NC; Ready for School, Ready for Life, NC; Think Babies NC Alliance, NC; Ehrens Consulting, ND; Family Voices of North Dakota, ND; The Center for Community Solutions, OH; Greater Cleveland Food Bank, OH; Ohio Association of Food Banks, OH; Oklahoma Partnership for School Readiness, OK; Our Children Oregon, OR.

Abortion Liberation Fund of PA, PA; Community Progress Council WIC, PA; The Foundation for Delaware County, PA; NORTH, Inc., PA; National Council of Jewish Women PA, PA; The Philadelphia Women's Center, PA; Planned Parenthood of Western Pennsylvania, PA; Beautiful Beginnings Child Care Center, RI; Parents Leading for Educational Equity, RI; Rhode Island Association for the Education of Young Children, RI; Rhode Island KIDS COUNT, RI; Women's

Fund of Rhode Island, RI; The Womxn Project, RI; South Carolina Program for Infant/Toddler Care, SC; Early Learner South Dakota, SD.

Black Children's Institute of Tennessee, TN; Tennessee Justice Center, TN; Texans Care for Children, TX; Texas Parent to Parent, TX; Early Childhood Alliance, UT; Birth in Color RVA, VA; Child Health Investment of Partnership of Roanoke Valley, VA; Children's Health Improvement Program of the New River Valley, VA; Children's Health Investment Program, VA; Children's Trust, VA; City of Richmond, VA; Cohen Military Family Center, VA; Family Lifeline, VA; Families Forward Virginia, VA; Greater Richmond SCAN, VA; Healthy Families, VA.

Healthy Families Central Virginia, VA; Healthy Families Danville Pitts County, VA; Healthy Families Fairfax, VA; Newport News Department of Health, VA; Office of Children and Families, City of Richmond, VA; People Incorporated CHIP of Southwestern Virginia, VA; Sacred Village Doula Services, VA; Tri-County Community Action Agency, Inc.; Voices for Virginia's Children, VA; The Up Center, VA; Urban Baby Beginnings, VA.

Voices for Vermont's Children, VT; Child Care Resources, WA; Children's Alliance, WA; Children's Campaign Fund, WA; Northwest Harvest, WA; Partners for Our Children, WA; Start Early Washington, WA; Statewide Poverty Action Network, WA; Washington Chapter of the AAP, WA; Washington Physicians for Social Responsibility, WA; We Are One America, WA; LaCrosse County WIC, WI; Wisconsin Early Childhood Association, WI; Wisconsin WIC Association, WI.

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Mrs. STEEL. Madam Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I had another speaker on the way, but he is not here yet, so I am prepared to close. I reserve the balance of my time.

Mrs. STEEL. Madam Speaker, I yield myself the balance of my time.

It is undeniable that the nationwide baby formula shortage has created immense panic and desperation among families. From skyrocketing inflation and gas prices, to rising violent crime, the American people are being faced with crisis after crisis. The last thing families need right now is a shortage of such essential goods as baby formula.

In the United States of America, no parent should be unsure of how they will feed their infant child. We need to act today to reverse the effects of this shortage on American families, and the bipartisan bill before us today offers an opportunity to right this ship.

I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. SCOTT of Virginia. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, as I said at the beginning of debate, one of our core responsibilities as lawmakers during times of crisis is to ensure that families, particularly those most in need, can continue to feed their children. This is precisely the goal that the Access to Baby Formula Act seeks to achieve.

By providing additional flexibilities in the WIC program, we have a critical

opportunity to assure that families can continue using their WIC benefits to get safe and available formula products that their children need.

Simply put, the Access to Baby Formula Act is legislation we need to ensure access to formula for children and families who need it most, both during this current shortage and into the future.

I thank the gentlewoman from Connecticut (Mrs. HAYES) and the gentlewoman from California, (Mrs. STEEL) for their urgent leadership on behalf of our Nation's children and families.

I urge my colleagues to support H.R. 7791, the Access to Baby Formula Act, and I yield back the balance of my time.

Ms. MOORE of Wisconsin. Madam Speaker, I rise today in support of the Access to Baby Formula Act, bipartisan legislation in response to the infant formula shortage that is affecting the most vulnerable in our communities, our children.

This legislation recognizes the important role that WIC plays in meeting the health and nutrition needs of our nation's mothers, babies, and children.

WIC is the premier public health nutrition program that provides supplemental food aimed at improving the health and well-being of millions of pregnant mothers, infants, and children.

In FY 2021, average monthly WIC participation in my state of Wisconsin was 80,000, including about 19,000 infants.

Studies have proven time and again food is medicine, and that availability of nutritious food reduces adverse maternal and infant health outcomes.

Unfortunately, families across the country are struggling to find formula that their babies need.

The Biden Administration has acted to respond to this shortage and I am pleased that today Congress will build on and support those efforts.

With around half of the formula purchased through WIC benefits, our WIC families are particularly vulnerable which is why it is critical that Congress pass this bill swiftly.

What can be more important than feeding our babies?

This bill authorizes new flexibilities to respond to supply chain or other disruptions such as a recall that adversely affects the ability of WIC agencies and programs to meet the needs of those who rely on the program.

We must do everything in our power to ensure that all babies have access to formula that they may need to start life strong and that includes giving WIC programs and the incredible people who staff them the flexibility they need to provide immediate relief to the families they serve.

I urge support of this bill.

Ms. JACKSON LEE. Madam Speaker, I rise in strong support of H.R. 7791, Access to Baby Formula Act, a bill to amend the Child Nutrition Act of 1966 to establish waiver authority to address certain emergencies, disasters, and supply chain disruptions.

I am a cosponsor of H.R. 7791, and I thank my good friend and colleague Congresswoman JAHANA HAYES for introducing this important bill that addresses the ongoing national crisis in shortages of infant baby formula.

I serve on the House Committees on the Budget and Homeland Security both of which have oversight or funding responsibilities for addressing this current crisis.

Many parents know there has been a short supply of baby formula nationwide for months, due to pandemic-related supply chain issues.

That shortage is now a crisis after four children became sick, and two died, after suspected bacterial contamination of formula which originated from Abbott Nutrition's formula plant in Sturgis, Michigan.

This key bill will help improve access to infant formula for vulnerable families during the infant formula shortage crisis.

Infant formula is essential to a baby's early life and development.

The shortage of infant formula has disproportionately affected women and children who rely on WIC benefits to purchase infant formula.

Over fifty percent of the infant formula produced in the United States goes to the Special Supplemental Nutrition Program for Women, Infants, and Children (commonly known as the WIC program).

The infant formula shortage crisis has taken a especially dangerous toll on women and children from underserved communities who use WIC benefits to access infant formula.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps ensure the health and well-being of low-income women, infants, and children up to ages five who are at an increased nutritional risk.

WIC participation has been associated with improved infant health outcomes—including reduced infant mortality and reduced disparities in hospitalization rates among black and Latino infants.

WIC serves to safeguard the health of low-income women, infants, and children younger than 5 who are at nutritional risk.

About half of infant formula sold nationwide is purchased with WIC benefits.

The baby formula shortage is hitting poorer communities disproportionately hard.

According to an article from CNN, about half of WIC beneficiaries lost access to baby formula when their major supplier, Abbott Nutrition, recalled their products.

The shortage has left all parents with less choices and is adding further pressure to already existing economic disparities.

Recently, I partnered with the National Association of Christian Churches to distribute baby formula to 800 desperate parents at Jack Yates High School to provide help to parents with the greatest need in Houston.

Ovie and Mikayla Cade were two parents of the hundreds that came to the school for formula to feed their baby and looked to Jack Yates High School for relief.

The baby formula give-away provided short-term relief to parents in search of formula to feed their babies.

That is why for the time being I plan to reach out to national disaster organizations to pull together resources to provide immediate support for these families.

This shortage transcends state lines and requires a joint effort on all fronts to get these infants the nutrition they need as quickly as possible.

This bill provides the Department of Agriculture (USDA) the authority to waive certain requirements so that vulnerable families in the WIC program can continue purchasing other

safe and available infant formula products with their WIC benefits during extenuating circumstances, such as a public health emergency or supply chain disruption.

The current WIC program has restrictions on which infant formula products a WIC participant can purchase using their WIC benefits.

WIC has limited the types and form of baby formula that can be purchased by families by only allowing powder formula.

The current crisis is an opportunity to remove this limitation on the types of baby formula available to parents and focus on the nutritional needs of babies.

The bill will also ensure that WIC participants are better protected during a product recall.

This is the first time in recorded memory that our nation has had a substantial shortage of infant formula.

Babies are in need and parents and caregivers are desperate to find formula to feed their children.

As the founder and Chair of the Congressional Children's Caucus, I have worked to address the needs of women, families, and children.

Currently, the nationwide out-of-stock rate for baby formula has reached a high of 43 percent.

According to CBS News, more than half of all baby formula products available in Texas are completely sold out, with an out-of-stock rate at 52.5 percent in Houston.

Infants must eat every three to four hours and their formula or breast milk must have certain nutrients in order to provide them with essential nutrition for their growth and development.

The fact that formula feeding exists on a continuum with breast feeding.

There is no substitute for formula feeding because only 1 in 4 infants breastfeed exclusively.

For parents who depend on baby formula either out of choice or necessity, this crisis has the potential of impacting an entire generation of infants for the rest of their lives.

Desperation is overwhelming parents, and some are turning to making their own baby formula at home.

Pediatricians caution against homemade baby formula as it runs the risk of not providing the right amount of nutrients necessary for healthy development.

This crisis was triggered by a manufacturing recall and subsequent closure of a major manufacturing plant as well as pandemic-related supply chain issues.

Specifically, on February 17, Abbott Nutrition—the largest infant formula manufacturer in the country—initiated a voluntary recall of several lines of powdered formula (including Similac, Alimentum, and EleCare) and subsequently closed its large manufacturing facility in Sturgis, Michigan.

The recall and closure of the plant happened because of concerns about bacterial infection at the Sturgis manufacturing facility after four infants fell ill and two died.

Also, at the time of the recall, FDA issued a warning to consumers not to use these recalled products.

President Biden has directed his Administration to work urgently to ensure that infant formula is safe and available for families across the country during the Abbott Nutrition voluntary recall.

Yesterday President Biden spoke with retailers and manufacturers—including the CEOs of Walmart, Target, Reckitt, and Gerber—and called on them to do more to help families purchase infant formula.

President Biden also announced additional steps to get infant formula onto store shelves as quickly as possible without compromising safety. These steps include:

Cutting red tape to get more infant formula to store shelves quicker by urging states to provide consumers flexibility on types of formula they can buy with WIC dollars

Calling on the FTC and state attorneys general to crack down on any price gouging or unfair market practices related to sales of infant formula, like third party sellers re-selling formula at steep prices

The Biden-Harris Administration will continue to monitor the situation and identify other ways it can support the safe and rapid increase in the production and distribution of baby formula.

As a result, more infant formula has been produced in the last four weeks than in the four weeks preceding the recall—despite one of the largest infant formula production facilities in the U.S. being offline.

The CDC has ended its investigation and directs consumers to the Abbott website to get information on the lots recalled and not recommended for use.

The baby formula shortage is not over and the Congress and the Administration must work together to find the solutions parents need to have access to baby formula to feed their infants.

This is not an issue that parents can easily solve at home.

I ask fellow members of the House to join me in voting in favor of H.R. 7791.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and pass the bill, H.R. 7791.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. STEEL. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

INFANT FORMULA SUPPLEMENTAL APPROPRIATIONS ACT, 2022

Ms. DELAURO. Madam Speaker, pursuant to House Resolution 1124, I call up the bill (H.R. 7790) making emergency supplemental appropriations to address the shortage of infant formula in the United States for the fiscal year ending September 30, 2022, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1124, the bill is considered read.

The text of the bill is as follows:

H.R. 7790

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2022, and for other purposes, namely:

RELATED AGENCIES AND FOOD AND DRUG ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION SALARIES AND EXPENSES

For an additional amount for “Salaries and Expenses”, \$28,000,000, to remain available until September 30, 2023, shall be available to address the current shortage of FDA-regulated infant formula and certain medical foods in the United States and to prevent future shortages, including such steps as may be necessary to prevent fraudulent products from entering the United States market: *Provided*, That the Commissioner of Food and Drugs shall report to the Committees on Appropriations of the House of Representatives and the Senate on a weekly basis on obligations of funding under this heading in this Act to address the shortage of infant formula and certain medical foods in the United States: *Provided further*, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 4001(a)(1) and section 4001(b) of S. Con. Res. 14 (117th Congress), the concurrent resolution on the budget for fiscal year 2022.

GENERAL PROVISIONS—THIS ACT

SEC. 101. Each amount appropriated or made available by this Act is in addition to amounts otherwise appropriated for the fiscal year involved.

SEC. 102. Unless otherwise provided for by this Act, the additional amounts appropriated by this Act to appropriations accounts shall be available under the authorities and conditions applicable to such appropriations accounts for fiscal year 2022.

This Act may be cited as the “Infant Formula Supplemental Appropriations Act, 2022”.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations or their respective designees.

The gentlewoman from Connecticut (Ms. DELAURO) and the gentlewoman from Texas (Ms. GRANGER) each will control 30 minutes.

The Chair recognizes the gentlewoman from Connecticut.

GENERAL LEAVE

Ms. DELAURO. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the measure under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Connecticut?

There was no objection.

Ms. DELAURO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, this funding legislation will work in tandem with President Biden's launch of Operation Fly Formula and the invocation of the De-

fense Production Act to help quickly and safely address the infant formula shortage in this country and help prevent this from happening again.

I am shocked by the infant formula crisis. The shortage we are seeing today is in large part caused by some who chose not to prioritize the health and the safety of our babies.

In September 2021, Food and Drug Administration, FDA inspectors conducted a routine inspection of the Abbott Nutrition facility in Sturgis, Michigan, where suspicions of wrongdoing were already present, as noted in a Bloomberg article published on May 12 from a reporter who obtained the FDA report through a Freedom of Information Act request.

On October 20, 2021, a whistleblower who worked at that Abbott facility submitted a report to the FDA unveiling a damning list of allegations of wrongdoing at the hands of Abbott. Recalls happen, but if the allegations are true, this company has lied, cut corners, falsified records to cover up their misdoings at the sake of infant health. This is plain wrong.

But this was in October. The FDA knew about what Abbott was doing in October and, yes, they dragged their feet. It was not until late December that the FDA interviewed the whistleblower. And then not until a month after that, in late January, was the plant inspected in person. Abbott then issued a recall in February, 4 months later.

In March, I requested an HHS Office of Inspector General report to look into this tragedy, so that we can hold the bad actors accountable. And then I got ahold of and submitted for the record a whistleblower report with truly awful allegations against Abbott.

Their wrongdoings included the falsification of records, testing seals on empty cans, releasing untested infant formula, just to name a few. In essence, they put a product on the market, a contaminated product, which they knew was contaminated. We have lost—at least two infants died. Several were hospitalized.

Let's look back for a moment. Now, we are learning that in 2014, Abbott deliberately and successfully tried to weaken bacteria testing safety standards. At that time, the FDA issued a proposed rule that would have increased the regular safety inspections of infant formula manufacturing facilities to prevent the contamination of infant formula; the very crisis that we have today.

The Federal Government has an important role to play in addressing this painful issue. As I said, at least two babies died, and four more were hospitalized that we know of because of corporate greed, consolidation, and a disgraceful lack of proper oversight by the FDA.

This is infant formula we are talking about. Parents trust that this formula will be safe and healthy for their newborn babies. It should be the most regulated and protected of any product,