reached in China on Tuesday morning, declined to make the mayor available for comment about the problems Heidtman Steel had in China.

In December, 2010, an arbitrator in Geneva agreed with Heidtman and ordered the Chinese company—Hebei Huiyuan Group Tangshan Import & Export Co. Ltd.—to repay $3.5 million plus other costs for 44,000 tons of coke it had promised to deliver but did not. Two years later, Heidtman is still without its money and never received the shipment.

In 2004, when coke was difficult to obtain and the price of steel was sky-high, John Bates, Heidtman's chief executive officer, thought he had found a supply of coke to satisfy his customers.

''We became aware that there was maybe some coking coal available in China for export to the United States, so our CEO went over and met with some individuals,'' Mr. Ridenour said. ''We signed a contract [and] made a payment in order to obtain this coking coal, which we would then turn around and sell to a steel producer; in this case, it was SeverStal.''

The deal with Hebei was signed on Nov. 13, 2004, and the money was wired three days later. The coke was supposed to be waiting on a dock in China north of Beijing on Dec. 5, 2004.

After Hebei failed to deliver the coke, Heidtman agreed to cover the difference between the contract price and the cost of buying 44,000 tons of coke on the dock from another seller to honor its commitment to SeverStal. In January, 2005, SeverStal demanded $1.68 million from Heidtman for the purchase price difference of that coke and extra shipping costs.

The arbitrator awarded Heidtman $3.51 million as reimbursement and the $1.68 million it had to pay to SeverStal. Heidtman was also awarded $440,000 plus $185,876 in legal fees, hearing costs, and arbitration fees.

Xu Jianguo, chairman and legal representative of Hebei, could not be reached for comment at his office in China. Mr. Xu and the company are listed on a variety of Chinese-language Web sites. One site calls him ''the city of Tangshan coke king'' and says that he has been chairman of the board of the Entrepreneurs Association of Hebei Province, Tangshan City Federation executive committee.

Mr. Ridenour alleged Mr. Xu asked for an additional $10 million after the coke shipment didn't arrive at the docks.

John Carey, a lawyer with Eastman & Smith Ltd. who is working for Heidtman, said the arbitration award has been ignored but there are legal options in China.

''We have a two-year window to do something with it in China,'' Mr. Carey said. ''We have had a Chinese lawyer in Beijing for about a year trying to help us. . . . We have been told by everybody and their aunt that you can go through the Chinese judicial process if you want to; it will take a really long time; it will be really expensive, and really there is no certainty for outcome.''

Derek Scissors, an expert on China and an Asian scholar at the Heritage Foundation in Washington, said he was not surprised to hear about Heidtman's troubles with the Chinese company. He said American companies should first check out businesses in China before proceeding because recovering money in a legal dispute is very difficult.

''No certainty for an outcome is an understatement,'' Mr. Scissors said. ''The fundamental problem for the U.S. is that it wants to encourage private Chinese companies, but private does not mean ethical or well run. . . . It could be owned by thieves and all of these companies have the shelter that they are not going to be forced to pay unless they have other overseas exposure.''

Mr. Scissors said American companies in similar disputes will not get a judgment on any basis of law. ''There is no rule of law in China,'' he said. ''Decisions are made on a political basis and the top one is keeping people employed, so if the Chinese company says it would have to lay off workers to pay this order, then forget it, you are not going to get squat.''

Mr. Ridenour admits Heidtman should have used an international letter of credit rather than paying up front for the coke.

''This was our first foray into China and maybe our last,'' he said. ''It's a story about the perils of doing business in China without having your behind protected.''

Heidtman and its law firm have asked for help from U.S. Sen. Rob Portman (R., Ohio), U.S. Rep. Marcy Kaptur (D., Toledo), the U.S. Department of State, the U.S. Department of Commerce, the American Embassy in Beijing, and the International Chamber of Commerce.

Miss Kaptur said she is trying to ''get justice'' for Heidtman by going through official channels.

''I am seeking a personal meeting with the ambassador from China to the United States and we have asked for that meeting and we are waiting for a reply,'' she said. ''We are operating with a country that does not have reciprocal trade practices. They do not have a rule of law and they do not abide by the normal practice of global trade.''

She said Heidtman's situation is a cautionary tale.

''This is indicative of many American companies doing business in China,'' Miss Kaptur said.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 3642. An act to clarify the scope of the Economic Espionage Act of 1996.

DEVASTATING EFFECTS OF SEQUESTRATION CUTS TO MATERNAL AND CHILD HEALTH PROGRAMS AND RESEARCH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentlewoman from Illinois (Ms. SCHAKOWSKY) is recognized for 60 minutes as the designee of the minority leader.

Ms. SCHAKOWSKY. Thank you, Mr. Speaker, for yielding to me for a very important hour.

I want to begin with Elodie Michaud, this beautiful, beautiful baby and hope that everyone will think about Elodie as every child, as any child, as your child. Because what I rise to talk about today is the importance of protecting very important maternal and child health programs and research, some wonderful things that our country does to make sure that children like Elodie, regardless of their circumstances and where they live and how much money their parents make, will be able to grow up healthy and happy and productive in our country.

□ 1430

Investments in maternal and child health improve the well-being and quality of life for women and children and families all over the country while actually reducing government costs. So as we deal with all of the issues of the debt and the deficit, I want to make sure that everybody is keeping Elodie, and children like her and her mother and her father and her family, in mind and making cuts that really make sense and avoiding cuts that absolutely make no sense, that don't save money, and certainly don't make our country any better. The investments that we make help children remain healthy, achieve success in school, and become productive members of society.

While we all agree that we want to tackle our fiscal challenges, we want to make sure that we take the kind of balanced and sensible approach that reduces our deficit, puts our fiscal house in order, and protects the health of women, children, and families. So we should all agree, both sides of the aisle, that we want to increase revenue to tackle our budget deficits and ask those who can afford it—the wealthier individuals and profitable corporations—to pay their fair share so that we don't ask children and families, like Elodie's family, to bear the burden.

Elodie certainly had nothing to do with creating the deficit, and many families that the Elodies of the world live in had nothing do with creating the deficit. Asking them to pay more doesn't make any sense. We need to find more savings in the bloated defense budget and waste, fraud, and abuse throughout many different systems. Obviously, we want to get rid of unnecessary and duplicative programs that we don't need, and we should go very carefully through our budget. We don't want to do it at the expense of children.

When we talk about sequestration, these are automatic budget cuts that will go through if we don't resolve the fiscal problems that we have right now. These are, I would argue, inefficient, across-the-board cuts that will be made. And even though some programs for vulnerable Americans are protected, others would be severely cut. We should not allow this.

American families shouldn't be paying for a budget deficit largely caused by things like two unpaid-for wars and two unpaid-for tax cuts that disproportionately benefited the wealthy and Wall Street gone wild, which led to the worst recession since the Great Depression. Our budget should not be balanced on the backs of vulnerable Americans, including women and children. Funding programs that assist vulnerable women and children have already experienced serious cuts in recent years, and we shouldn't be asking more from these safety net programs.

We also want to ensure that we don't replace sequestration, these automatic cuts that will go into place, with something even worse. Some alternatives

are being considered that would actually do even more harm than sequestration to women and children. Although Medicare beneficiaries are protected under sequestration, some proposals would make cuts and/or change Medicaid into a block grant. That means giving just a sum of money to the States pretty much to do what they want with and not necessarily covering the children and poor people, poor families that need Medicaid support.

In the United States of America, Medicaid covers more than 40 percent of all births and covers one in three children. Think about that. Forty percent of all births and one in three children are in families that qualify for Medicaid support. That means that they're low income enough to be able to qualify for Medicaid, and we certainly don't want to do something that would make that unavailable and so we can continue to have the birth of healthy children.

Sequestration would devastate our public health system, impeding our ability to bend the health care cost curve, to prevent illness, to cure diseases, to ensure access to quality health services, and to ensure the healthy development of our children.

Sequestration will eliminate nearly $1 billion in Federal funding for programs and research designed to promote and protect the health of women and children. These cuts will hinder our ability to extend quality health care services to women and to families.

I want to talk about a very important and often under attack program that we call title X, and that is family planning services, family planning clinics. I also want to talk about the title V maternal and child health services block grants, two programs that reduce barriers for low-income women and children to access critical health care services and support. If we go to these automatic cuts, again called sequestration, we will be cutting $24 million in funding to title X clinics, decreasing Federal funding for the only dedicated family planning program to its lowest point in a decade. Title X clinics are critical and vital components of our health care safety net, providing critical access to breast and cervical cancer screening programs, prevention and treatment services for sexually transmitted diseases, and reducing the rate of unintended pregnancies, and reducing the rate of abortions. Access to family planning means that there will be less abortions in the United States.

For many women, title X clinics provide the only health care services that they ever receive in their lives. Without access, some women will have a harder time obtaining preventive care and treatment services. I'm talking about clinics that provide for up to 5 million women across the country. People like to think about Planned Parenthood as being the place where women can get abortions. That's a tiny part of their services, about 3 percent. Mostly they provide primary health care, including access to contraception. That's a very important service that we want to make sure that we don't cut.

The breast and cervical cancer screening program has been particularly important to providing access for women to early detection and screening services. In my State of Illinois—I'm from the Chicago area—title X clinics have caught 1,400 cases of cervical cancer and 713 cases of breast cancer over a 5-year period through the program. Sequestration cuts mean that 550 fewer Illinois women will be screened for cancer through this program, potentially costing women's lives because their cancer will be found too late without access to these lifesaving services.

I have been joined by one of the chief advocates for women in the United States of America who has been such an incredible and consistent advocate. I am so proud and grateful that CAROLYN MALONEY from New York has joined us. I would like to yield to the gentlewoman.

□ 1440

Mrs. MALONEY. I would like to congratulate my good friend and colleague JAN SCHAKOWSKY for her incredible leadership in this body and for organizing this Special Order that focuses on the impact of sequestration on women, children, and families. It's very important.

Just yesterday, Jan, there was a report that came out from the National Economic Council and the Council of Economic Advisers which said that if we go over this fiscal cliff—if we do sequestration—that it would cut consumer spending by $200 billion. So, by having a consensus on the budget and a financial plan that is fair and balanced going forward, it could be $200 billion in stimulus. On top of that stimulus, there would be business and market stimulus just by having some certainty in where we're going. Having an agreement that is fair and balanced is critical for the overall economy, but the impact on women and children and on some of our most vulnerable would be devastating. That's why your particular focus today in this Special Order is so important.

The United States currently ranks about 50th in the world in infant mortality. In Morocco, 1.8 infants under 1 year of age die for every 1,000 live births each year. In Japan, the number is 2.2. In the United States, to our shame, the number is six. From New Zealand to all other advanced countries around the world, they do much better than the United States in this most fundamental measure of health and well-being. The people who are most affected by this failure are not those who have been irresponsible—they are not slackers; they are not lazy. They are babies. They are mostly babies who have been born into poverty. This is a metric that we should feel morally bound to improve by leaps and bounds, but instead, we are about to make it worse for these babies if we don't act swiftly to prevent sequestration.

If this Congress does not act to prevent this country from plunging over the fiscal cliff under the terms of the sequestration provisions, the Women, Infants, and Children program will experience a savage cut of 8.2 percent—a reduction of over a half a billion dollars. The program, which is known as WIC for short, provides nutrition and breast-feeding education, healthy food, and improved health care to millions of low-income families and mothers and children. Nearly 735,000 participants would be cut from the program next year. These are not families who can just make up the difference by taking shorter vacations or by whipping out a little credit card. These are low-income families, and they would be permanently hurt.

In my home district of New York, these cuts would seriously threaten the ability to deliver critical services to mothers and babies, which are services that they need. It disproportionately affects low-income families.

Sequestration would devastate the title V Maternal and Child Health Services Block Grant Program. This block grant currently serves over 7 million individuals in New York by supporting initiatives that promote health, that reduce economic disparities, and that combat infant mortality. Under the cruel consequences of sequestration, more than 5 million fewer families would be served.

Cuts under sequestration would mean that, in New York alone, over 1,000 fewer women would be screened for cancer, that 11,000 fewer children would be vaccinated, and that 1.1 million fewer women and children would be receiving health care. In New York right now, about 14,000 cases of breast cancer and over 914 cases of cervical cancer are diagnosed each and every year. Sequestration would cut more than $268,000 from the breast and cervical cancer screening program.

In this fragile economy, States simply cannot absorb these cuts without cutting vital services. New York, like every other State in this country, has its own extreme problems, and we are running our State now at a deficit, and we have to make that up in a year. Under our State constitution, we can't carry deficits, and you can't tell a baby to just go out and get a job.

Let's work together to protect these critical programs for women and children. It's time to change direction. It's time to acknowledge that elections matter, and it's time to listen to the American people. This bus, at great speed, is headed over a cliff, and it's time for the people in the majority, the people in the driver's seat here in the House, to take a turn and to change it.

What would happen if we went into sequestration and if the middle class

tax cuts expired? That would mean an increase in taxes of $2,000, on average, against every middle class family in America. Failing to take action would slow the growth of our own real GDP by 1.4 percentage points in 2013, and this continued gridlock would throw the United States back into a recession and cause the jobless rate to go up.

Congress is going to be stuffing, I would say, a big, ugly lump of coal into the stockings of the American workers if we don't save this country from sequestration, and we know that those who would be hurt are those who are the most vulnerable. It was our great President, John F. Kennedy, who said, When you balance budgets, don't balance them on the backs of the poor. As to the programs that really serve the neediest and the most vulnerable—the children, the mothers, the retired women—this sequestration is going to hurt them the most. I would say nobody in their right mind would vote to do that.

The American people made their wishes clear in this last election. They supported President Obama, and they want this Congress to get going and to get the job done, but at the rate we're going, we're all going no place fast except over a cliff. As you pointed out, the impact of going over this cliff will be devastating to our overall economy but particularly to those who are the most vulnerable—our children and our mothers and our elderly women.

So I want to congratulate my colleague and partner in so many efforts for women, children, families, and for working Americans and, really, for getting a compromise, for getting a solution that will keep us from going over this fiscal cliff. I thank my distinguished colleague for organizing this.

Ms. SCHAKOWSKY. I want to underscore a pretty shocking statistic. You mentioned that the United States of America is 50th in infant mortality. Was that the statistic?

Mrs. MALONEY. Yes, yes. Here we are so wealthy, and yet we are 50th in the world in infant mortality.

Ms. SCHAKOWSKY. One being the best of course.

And you mentioned countries that we wouldn't necessarily expect would be better than the United States—Morocco, for example—and I'm sure there are a bunch of others. Yet the United States of America is 50th. Now, many people don't live in communities in which they see that, but that means that there have to be neighborhoods and communities in our country in which the infant mortality rate is probably very much like those in underdeveloped countries, where they rely on programs like the Women, Infants, and Children program which make sure that women don't have underweight births, children born of low weight.

The other thing you were talking about was the WIC program. It sounds like what you're saying is that we would actually be taking food out of the mouths of little children.

Mrs. MALONEY. Literally, literally, and we can't afford to do it. I would say it really is scandalous, absolutely scandalous.

We have to work together and prevent this from happening. Always, it's those parts of our society that can't afford a lobbyist, that don't have the money. Babies can't get jobs, and they can't hire lobbyists. So those programs that help poor children are going to be incredibly vulnerable with this sequestration. As I said, no one in their right mind would let this happen, yet the parties seem so far apart, and we don't seem to be getting the consensus that we need to make this happen. It's absolutely critical. Getting that consensus and not falling over that cliff is literally going to save lives, millions of lives.

□ 1450

Ms. SCHAKOWSKY. That's why, because we all get into the numbers game, we talk about a billion here and a billion there, et cetera, and that's why I wanted to put up a picture of the beautiful Elodie Michaud, who happens to actually be the daughter of Megan Michaud, who is my legislative director, so people can look at a face. This is the kind of face, if not Elodie's face, that we are talking about. Here's a mom and a baby, too. These are the kinds of faces that we want people to keep in their mind because there are real people behind these numbers. It's easy to say we are going to cut money from the WIC program, Women, Infants, and Children program, and then you realize what that would mean to perhaps this mother and this baby and so many across the country.

Mrs. MALONEY. I would say so. And providing the resources for WIC, which provides food literally for children, for babies and their mothers, this is a fundamental measure of health and well-being around the country, the birth of children and the health of their mothers; and yet we are doing so poorly in it. We are 50th in the world in infant mortality. That is not a statistic; that is a scandal.

Taking money away from the support of these young babies, these are not irresponsible people that aren't carrying their weight. These are not people that are slackers, like some of my colleagues on the other side of the aisle talk about some people. They're not lazy; they just happen to be born poor. And in the richest country in the world, we have to be there. As John F. Kennedy said, we cannot balance the budget on the backs of the poor. It's wrong.

Ms. SCHAKOWSKY. I thank you so much for your contributions—continuing contributions—to the well-being of women and children.

Yes, it's true that title V Maternal and Child Health Services Block Grant also does things like combat preterm birth, teen pregnancies, preventing chronic conditions, reducing disparities that are often present in our society. Let's be clear, not everybody has access to quality, affordable health services; and we want to improve that for more than 40 million women, infants, and children with special health care needs.

My State uses title V funding to reduce infant mortality, prevent teen pregnancies, and to ensure newborn screenings, to test children early on for things that can become chronic conditions and make sure that we take care of them early, and to coordinate care for children with physical disabilities. And the sequestration cuts will reduce critical funding to these efforts by over $1.65 million in Illinois alone. And with those cuts, 306,000 fewer Illinois women, infants, and children can be served.

Another really important area that I think a lot of people don't focus on is training of doctors. One of the things that sequestration, these automatic budget cuts, will do is reduce our ability to train pediatric physicians needed to ensure access to quality health care services to children and adolescents.

The Children's Hospitals Graduate Medical Education program trains more than 40 percent of general pediatricians and 43 percent of all pediatric subspecialists. Sequestration, automatic cuts, would take $21 million from this program forcing the reduction of residency slots, training of doctors, at Children's Hospitals across the country. We want to have these quality doctors that are able to make sure that they can care for our children.

I want to go back to something that Representative MALONEY raised, and that's the WIC program—Women, Infants and Children—and immunizations. Experts agree that we must combat our deficit by bringing down the total cost of health care. That's true, but sequestration could result in just the opposite. The sequestration cuts to programs such as what we call the food stamp program, the SNAP program, or the Special Supplemental Nutrition Program for Women, Infants, and Children and the 317 Immunization Program that will have their funding cut, if we are to reduce our national health care expenditures, we have to make sure that we fund those programs, those special nutrition programs and the immunization programs. They have a track record of saving money on future medical expenses.

Imagine, you're sending your children to school and they're sitting next to a child who simply cannot afford to get the kind of immunizations they need because those funds have been cut. None of us want that. I certainly don't want that for my grandchildren.

The Supplemental Nutrition Program for Women, Infants, and Children, the WIC program, improves health outcomes by providing nutritious food and nutrition and breast feeding education to women and young children. The WIC program has resulted in healthier pregnancies, healthier birth outcomes, and better growth and development of young children.

For every dollar we spend on a pregnant woman in the WIC program, as much as $4.21 is saved in Medicaid expenditures because WIC reduces the risk for preterm birth by 25 percent and low birth weight babies by 44 percent. These are successful programs.

In spite of the proven success and cost savings from the WIC program, sequestration would cut $529 million from the WIC program, which would allow the WIC program to serve approximately 735,000 fewer women and young children who are at nutrition risk, including 24,200 from my home State.

I see that I have been joined by a fearless and tireless advocate for women and children, particularly low-income women and children. This is my next-door neighbor and great friend and great Congresswoman from the great State of Wisconsin, GWEN MOORE.

Ms. MOORE. Well, I thank you so much, my good friend from Illinois, JAN SCHAKOWSKY. You have always, even before your tenure as a Member of Congress, been an advocate for good, healthy, nutritious food. It really occurs to me that kids can't wait. It's not as if we malnourish them now, that somehow when the economy picks up, we can supply them with calcium and vitamin A and vitamin C, protein and iron that they need retrospectively and say: well, let's just pick up where we left off. Here's this pregnant woman who, if she can just manage to get that child into the world, by the time they are three or four, we'll back up and provide them with that nourishment.

I can tell you that, JAN, you have for a long time been a shero in this. And so has my good friend, ROSA DELAURO from Connecticut, who will be joining us very soon as well.

We've got to take a balanced approach to this deficit reduction. There is just no question that these programs, which serve women, infants, children, will lose if sequestration takes place as scheduled. We know that every year, millions of women and children depend on health, nutrition, and other services that are provided through their State and local public health departments because of Federal funding.

These services not only include nutrition but well-child and well-mother checkups, basic immunizations, education on healthy eating and nutrition, and referrals, when appropriate, to programs like WIC, which help ensure a healthy start for women and children. Let's not fool ourselves, sequestration will cripple these efforts that help women and children.

According to one estimate, sequestration will eliminate nearly $1 billion in Federal funding for research and programs designed to promote and protect the health of women and children. Many of these programs have already been subject to two straight years of funding cuts and left flat or near-flat funding prior to that. Sequester will cut even deeper and for much longer.

□ 1500

So when we start saying we have to have a balanced approach in terms of raising revenue and cuts, we have already cut $1.7 trillion from these programs. You can cut to the bone and into the bone when you start talking about cutting these programs any more.

Some make the argument that our Nation can no longer afford to invest in programs that support the health and well-being of women and children. I would argue that we cannot afford not to make these investments. We sure hear a lot about ''family values'' that, quite frankly, isn't reflected in the support of funding for programs that aim to provide the most basic of necessities for women and children in need.

I want to talk about one of these programs, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC serves over 9 million mothers and young children every month, including a majority of infants throughout our Nation, and about one in four pregnant women. The program focuses on low-income pregnant, breastfeeding, and postpartum women, infants, and children under age 5 who are at nutritional risk. We're talking about women and youngsters who are low-income and at risk for some very troubling health and developmental outcomes and very expensive outcomes for our Nation down the road as their health deteriorates because we did not do basic preventive things like giving them a decent meal.

Research has consistently shown that participation in WIC improves nutrition, resulting in overall healthier pregnancies, healthier birth outcomes, and better growth and development of young children. Yet, this hard-fought progress and the lives of at-risk women and children are at risk due to pending budget cuts.

Administrative costs for these programs is just a steal, only about 7.5 percent, meaning that the vast majority of these funds go to getting healthy food, education, and referrals to women, infants, and children in need. So when we talk about the cuts that are called for under sequestration, we aren't talking about trimming overhead or waste. We're talking about taking away food—food, people—and vital services from vulnerable populations. We're talking about denying an infant access to good, healthy breast milk and the food package that they need to help develop normally.

WIC is a short-term intervention that makes a lifelong difference. On average, a woman participates for 13 months, but science tells us that those 13 months make a heck of a difference to mothers and children over a lifetime.

If we can't agree as a nation that ensuring pregnant women, infants, and children are adequately nourished is a must, then what can we agree on? We will not balance the budget by cutting WIC and other Federal programs like the Maternal and Child Health Block Grant, Healthy Start, and HIV/AIDS programs.

WIC represents less than two-tenths percent of the Federal budget. Funding immunizations for children did not put our Nation in this fiscal mess, but it is these proven, cost-effective innovations that help us all which are poised to bear the brunt of these cuts. In allowing sequestration to occur, we put lives in jeopardy in spite of the considerable evidence that these programs are making a difference and saving costs to the taxpayers down the line.

Thank you so much for this time, JAN. Thank you for doing this Special Order. When we start talking about food, we're talking about a very basic need. And if we're talking about cutting food from infants, we're talking about not making a hard choice, we're talking about making a cruel choice.

Ms. SCHAKOWSKY. Thank you so much, not only for your words today, but for all your work that you do on behalf of women and children every day.

I want to call now on one of the incredible advocates and leaders when it comes to making sure that our children, in particular, and low-income people have adequate nutrition in a country that is the richest in the world, an advocate for women and children from the State of Connecticut, ROSA DELAURO.

Ms. DELAURO. Thank you very, very much. There are not enough words to express our thanks collectively to you, Congresswoman SCHAKOWSKY, for calling this Special Order today.

As I was coming to the floor, I saw our colleague CAROLYN MALONEY, and our colleague GWEN MOORE just completed her remarks, and we know the strength of her passion, and I know that waiting to speak today, as well, is Congresswoman LOIS CAPPS.

The issues that we talk about today are not just about women; it's about our families and what's happening in the lives of our families. It has been such an incredible road for families today, given the nature of the recession and how deep that recession was and how basically people are trying to hang on and to try to make their way to take care of themselves and their families. It's about maternal and child health. It's about their well-being. And I think that it is appropriate to talk about this now.

You know, we did just come through an election, and I think one of the things that we saw in this election is that the issues that face women and children and their families were front and center. Women collectively addressed these issues and began to perk up their ears and to look to see: How am I going to take care of my family? Who is watching out for me and for my family?

I know, as you are and my colleagues on this side of the aisle, we are very grateful for the decisions that they made, and now we have to make good

on the promises that we made to families, and they are promises. We have a moral responsibility to address these issues of nutrition and health in this Nation. This is not something—when people want to say that there isn't any money to do these efforts, let's take a look at other areas where there is money and the enormous subsidies that we pay out to various interests and where we provide our Tax Code which we can use for good purposes but oftentimes may be used for a purpose that's contrary to the well-being of this Nation. Let's look to those places first before we start to look at cuts that affect the people in that photograph. They're real. They're not statistics. And this institution has that moral responsibility and that obligation to do well by them.

My colleague, GWEN MOORE, talked about the WIC program, the Supplemental Nutrition Program for Women, Infants, and Children, short-term program, science-based. It's a lifetime of good nutrition and health behaviors for at-risk women and children.

What we have here is the investment in this program. What does it do? It doesn't just sink to the bottom of the ocean. It means healthier pregnancies, healthier birth outcomes, growth and the development of young children. Over half the babies born in the United States every year and 9 million mothers every month participate in this program all across the United States.

My colleague, Congresswoman MOORE, talked exclusively about the WIC program. I was going to do that, but let me take a different tack. Let me talk about the bounty in this Nation that you spoke about, my colleague. This is a land of plenty. We produce more food than any other nation in the world.

I will tell you about my congressional district, the greater New Haven, Connecticut, district. One out of seven people in my district go to bed hungry. They don't know where their next meal is coming from. Connecticut, statistically, is the richest State in the Nation. It is essentially because we have something called Fairfield County and the Gold Coast where there's a lot of affluence. But we also have cities like New Haven and Hartford and Bridgeport and others who have families who are at risk.

□ 1510

But what's happened with the issue when people talk about food insecurity, you know what it means, I know what it means, Congresswoman CAPPS knows what it means. It means people are hungry, and they don't know where their next meal is coming from. And we're now looking at food pantries that are out of food. There are all kinds of drives to fill up these shelves so that people who never thought they would have to use this kind of a service are in fact looking at the need to put food on their table.

And yet we look at a set of circumstances here in the programs that we have jurisdiction over where we would see $134 billion in cuts to the food stamp program, the Supplemental Nutrition Assistance Program, or the SNAP program. What that means is when you have that massive cut there, millions of people are going to be jettisoned from the ability to feed their families and feed themselves. And that mother and child in that photograph are going to be without access to food. It is unconscionable.

And then I will just say one more point. The Emergency Food Assistance Program, which is a program for families who are not eligible for food stamps, their funding is dependent upon what happens in the food stamp program. So the young woman in Branford, Connecticut, who came to an event with me, in a blue-collar town, the young woman had a job as a human resources administrator, helped to invest pension funds, had three sons, 18, 14 and 10, she got up and said, I am not eligible for food stamps so I come to the food bank to get emergency food assistance. She and her family, three grown boys, eat one meal a day in the United States of America, a land of plenty. She had tears in her eyes. She wants a job. She wants to go to work. She hasn't been able to find one. Connecticut has 9 percent unemployment. So her family is eating one meal a day. It's outrageous. It's unconscionable.

We have the ability in this institution to change that so that our children don't go to bed hungry at night. That is not who we are. That's not where our values are. It is that moral responsibility. And if we move forward with what they're talking about in these deep cuts, this sequestration, all it is is letting people know about the deep cuts, and there will be even more cuts to food programs, nutrition programs, which will rob people of their lives and their ability to succeed. And it's particularly important for our children, our babies, our toddlers.

Let's have the courage not to make this happen and to pull back from these unconscionable cuts to our food and nutrition programs.

Thank you for doing this. God bless you.

Ms. SCHAKOWSKY. Thank you for your passion, which is obvious every day, for making sure that we make the smart investments in our children and in women and in health care in this country. Thank you, ROSA DELAURO.

And now it is my pleasure to bring up one of the handful of trained nurses that are in this House of Representatives. LOIS CAPPS from California has been a leader on health care and all those programs that are really going to help our families to live the kinds of lives that all of us want to live in the United States. So thank you for joining us, LOIS CAPPS of California.

Mrs. CAPPS. I rise to voice my very strong support of our Nation's maternal and child health programs. And I want to thank my colleague from Illinois, JAN SCHAKOWSKY, for getting the idea that we come together around this topic today because of the implications that it has for the beautiful young woman and her child that you're picturing next to you that is a reminder to all of us that these are not numbers when we're talking about sequestration. They really have impacts in people's very lives.

So it's an honor for me to follow our colleague, ROSA DELAURO from Connecticut, and also to have as part of your discussion GWEN MOORE, a very eloquent spokesperson from Milwaukee, Wisconsin. So, really, this is very diverse in terms of regions of the country that are going to be impacted should we ever cross this threshold. But most of the public discussion we've had so far on this fiscal cliff, however it's described, that we face, the discussion has been about taxes, about who's going to pay what in taxes.

But what has been so underreported and overlooked, which is why I'm so grateful to you for calling this out today for us, is the impacts that sequestration cuts would have on our economy, but especially on that vital element of our economy which is our most vulnerable in our society—our children.

They're our future. They are not just statistics. They are real little people who cannot wait for services because their bodies will change, their minds will be stunted. They will lose out if we withhold support for them. And I speak from my many years of being a nurse, as you described, and being a nurse in our public sector, in our public schools and a public health nurse. And I've seen firsthand what happens when we cut services to our children. We need to be investing in our children because they are our economic engine for tomorrow and we cannot afford to leave one of them behind.

We, therefore, can't afford to slash the very programs that will give them the kind of healthy start in life. You invest a dollar up front in a child and you recoup that dollar so many times over their lifetime and you prevent a lot of other kinds of dollars from being spent in ways that we don't want to. But sequestration would be devastating for our children.

I focused on my State of California in terms of looking at what this would be like. These cuts, should sequestration come to pass, would be so devastating to the health and well-being of hundreds and thousands of women and children in the State I come from. For example, in the program that we've all been talking about because it's so central to what families need—food security—the Women, Infants and Children's program that helps those who don't have enough for their children to give them that healthy start, over 120,000 women and children would be cut from this essential program just in California if sequestration came to be. And this provides nutrition assistance, vital links to a healthy, thriving brain and body for families that might not have access to healthy food.

For Maternal and Child Health Services Block Grants, nearly 400,000 fewer women and children would be served by these block grants that go to the State to provide the essential services in the local communities. And so the ripple effect down our State and throughout our communities would be so tremendous because these services provide a wide range of health care and they allow the expansion of certain quality health care programs for children, for example, with disabilities.

In California, we would be facing, should sequestration happen, 2,000 fewer women having access to breast and cervical screenings, the preventive services that keep cancer full-blown from occurring in these women's lives, so costly to them personally, to their families, but also taxpayers, and nearly a million dollars—and this is what I want to close by focusing on, because we don't stop and think when we cut a million dollars from the Children's Hospitals Graduate Medical Education Program, in sequestration a million dollars would be cut just for these training programs in California. That program makes sure that we have enough resources necessary to train the next generation of pediatric physicians, people who are there on the front line with families to pull them through what they face in life.

I met the real-life impact of this program when a remarkable young man came to Capitol Hill from California last year, Max Page. Now, you may not remember his name, but you probably remember if you watched the Super Bowl in 2011 little Darth Vader in the ad, the popular Volkswagen Super Bowl commercial. He's a real young child. He's only 7 years old. And I came to meet him here on Capitol Hill last year. He was born with a congenital heart defect—not uncommon. But it has required numerous surgeries during the 7 years of his short life.

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He is being treated at Children's Hospital in Los Angeles, which my colleagues from California know very well as an outstanding medical facility serving a wide region in the Southwest.

Last year, when Max came to Washington with his parents and little brother, he came to tell Members of Congress his own story and how important it is that we continue to invest in preparing new doctors to care for our children. I know it's every parent's worst fear what will happen if their child becomes sick, not just a runny nose or a sore throat, but seriously ill with perhaps a life-threatening or a chronic condition that needs lifelong treating. We owe it to every parent in America to do what we can to make sure that every child has access to the best health care available if they need it. We don't want them to be concerned that there is not going to be that trained pediatrician, that hospital to send their sick child to should that happen, and it's because we couldn't get our act together and avoid the sequestration.

So I'm so pleased that you took the time to organize this hour of sharing with the American people the impact of sequestration, that it would have such a profound effect on our lives when we think about ensuring that every child in America gets a healthy start to life. We take it for granted that every small child needs and deserves this right in this country that we are proud to live in, the United States of America.

So we need to come together now on behalf of our Nation's children and their mothers and their families to stop these sequestration cuts, to ensure that we have a balanced approach to reducing our debt, and to continue to support our communities and the frontline services that they provide to our families, because our smallest, our most vulnerable and their families, they're depending on us now in this hour.

So again, I thank you for bringing us together, my colleague from Illinois, and for focusing us on the real-life impact of what we're facing here with the cliff.

Ms. SCHAKOWSKY. Let me also just underscore the point you made about training pediatricians and pediatric specialists. That would affect, across the board, everyone who seeks—this is not just for vulnerable communities or individuals, but all of us with small children want to make sure that the doctors are there when our kids may need them. So this is very important. I'm glad you brought them up. Thank you.

Mrs. CAPPS. Thank you for this opportunity.

Ms. SCHAKOWSKY. I want to just mention another cost-effective reason that we should avoid cuts. For example, we have immunization programs that decrease our future health care costs, and let me just give you the actual dollar numbers.

Every dollar we spend on the childhood vaccine series through this program saves our health care system $16.50 in future medical costs. By anybody's estimation, that's a really good return on investment, $16.50 back for every dollar that we spend on childhood vaccines.

Another aspect of sequestration cuts that would really hurt everyone are the cuts for research into the health challenges facing our country. The proposed cuts to the National Institutes of Health of almost $2.5 billion will cause irreparable harm to our research infrastructure and our ability to treat and cure diseases. Eliminating funding for almost 2,400 research projects will decrease our ability to identify new methods to prevent and combat health challenges such as cancer and diabetes, impede our ability to remain the world leader in biomedical research, eliminate jobs in local communities throughout this country, and hinder our ability to train and develop the future leaders of our biomedical sciences workforce. Research into costly diseases affecting mothers and babies will be especially harmed by these cuts.

The National Institute of Child Health and Human Development, which is responsible for conducting and funding research into these diseases, has the lowest percentage of grant applications funded of all the NIH institutes. The $106 million cut to the National Institute of Child Health and Human Development will likely worsen this trend and dampen our hopes of finding innovative treatments and cures for conditions that are affecting mothers and babies. These are just some of the examples of the devastating effect of sequestration cuts to maternal and child health programs and research. We can't afford these cuts.

So I just want to end this hour by saying that all of us want to make sure that we do put our fiscal house in order. But the real question is, at what cost are we going to do it to certain people? Who is actually going to pay? I think we all have an interest in making sure that we keep our children, our mothers, and our families healthy, well fed, and make sure that we raise productive children in this country.

I yield back the balance of my time.

HONORING MEMBERS OF CONGRESS

The SPEAKER pro tempore (Mr. PLATTS). Under the Speaker's announced policy of January 5, 2011, the gentleman from California (Mr. CALVERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. CALVERT. Mr. Speaker, today we honor seven Members of Congress from California who have honorably served in the United States House of Representatives. The combined experience, knowledge, and expertise of my departing colleagues will be sorely missed.

I have been joined by some of my California Members who will be coming in and out; they may wish to speak and we will be happy to yield to them. But first we have a good friend from North Dakota who is also departing, U.S. Representative RICK BERG, and I will yield to him.

Mr. BERG. I want to thank the gentleman from California.

It's been a distinct honor for me to represent the people of North Dakota in this Congress, the 112th Congress.

I ran for Congress because I believed that we needed to continue to have an economic environment, an economic climate that has stability and encourages growth and encourages jobs. And I'm sure we can all agree that there is more work that needs to be done. But I'm hopeful in the days, the weeks, the months, and the year ahead that we can finally come together, not as Democrats and not as Republicans, but as Americans who are concerned about the future and concerned about that next generation. In doing so, I know