

EXTENSIONS OF REMARKS

PERSONAL EXPLANATION

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Monday, December 12, 2005

Mr. BLUMENAUER. Mr. Speaker, had I been present for the final vote on Thursday, December 8th, 2005, I would have voted as follows:

Rollcall vote No. 622: I would have voted "no" on the motion to table H. Res. 591, Leader PELOSI's Privileged Resolution on the culture of corruption surrounding the Republican's Prescription Drug Bill.

TORTURE VICTIMS RELIEF REAUTHORIZATION ACT OF 2005

SPEECH OF

HON. LEE TERRY

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 6, 2005

Mr. TERRY. Mr. Speaker, I rise in strong support of H.R. 2017, the Torture Victims Relief Reauthorization Act of 2005.

Congress originally approved the Torture Victims Relief Act in 1998 to provide medical, psychological and social services for survivors of torture in the United States. These survivors are primarily refugees from war-torn nations such as Bosnia, Iraq, the Sudan, Rwanda, Liberia, Afghanistan and others. Since the TVRA became law, over three dozen centers have been established nationwide to help survivors of torture regain the ability to care for themselves and their families, and positively contribute to our society. Most programs are at-capacity and must refer "waiting list" survivors to less-specialized clinics until treatment becomes available.

Reauthorization is critical to the estimated 400,000 torture survivors residing in the United States. The city of Lincoln, Nebraska, is home to the second highest refugee population in the Nation, and a corresponding treatment center that effectively transforms the lives of torture survivors to benefit the entire community. H.R. 2017 will help ensure such critical treatment centers remain available for torture survivors nationwide by reauthorizing the TVRA. The demand for treatment is so high that federal funding had to be cut to some existing centers last year in order to open new centers. Reauthorizing the TVRA will help provide critical support to all existing centers working to restore the lives and health of many refugees.

H.R. 2017 will authorize \$25 million in fiscal years 2006 and 2007 to fund domestic treatment centers, \$25 million over 2 years for the United States Agency for International Development, USAID, Victims of Torture Fund, and \$15 million over two years for the United Nations' Voluntary Fund for the Victims of Torture, which supports almost all U.S. centers.

The House Energy and Commerce Committee, on which I serve, unanimously reported this legislation during the last Congress.

Here are some facts underlining the importance of this legislation:

The Office of Refugee Resettlement of the U.S. Department of Health and Human Services currently funds 27 treatment centers in 16 States, while other similar programs are funded in State health departments. Many centers do not have enough resources to meet existing demand from torture survivors in their communities.

Not surprisingly, few programs engage in outreach to refugee communities since they would not have the capacity to absorb the increased client load that such outreach might generate. Consequently, many torture victims are not receiving the rehabilitation treatment they need.

There has been no increase in funding levels since fiscal year 2001. At the same time, the number of survivors seeking treatment at U.S. centers has steadily increased. The client base at 14 centers increased from 935 in 1999, to 1,550 in 2000, and to 2,579 in 2001. In 2002, a subsequent survey showed that 23 federally-funded centers had treated 3,664 clients that year.

Despite the high need and demand for torture survivor services, the Office of Refugee Resettlement was forced to reduce funding to existing programs last year in order to open additional needed centers. One program had to close its doors, while others laid off employees or reduced the number of torture victims that can receive treatment.

The network of treatment centers in the United States still needs to be expanded, especially in areas with significant refugee and immigrant communities. For example, there are no treatment centers in Miami, New Orleans, Cleveland or Seattle.

Current funding does not provide for evaluation and research to strengthen the effectiveness of treatment programs for victims. In order to reach a greater number of torture survivors in the United States, training on the identification and treatment of victims of torture should be provided to general health care providers and hospitals.

Torture victims are often targeted for persecution by repressive regimes because of their independent political, religious or labor activities. Even after a dictatorial regime has fallen, the impact of torture can be felt for years: Dissidents are broken and potential leaders are lost; their families and communities are still frightened and disengaged from public life; there is a profound lack of trust in public institutions, police, and courts; political apathy is a lesson learned and lived out every day. But with medical, psychological and social services, torture survivors can again become contributing members of their communities, and lead lives of hope and success.

H.R. 2017 is critical for torture victims and their families, and I urge all of my colleagues to strongly support it.

RECOGNITION OF MS. ANNE LEE AND MR. ALBERT SHIEH FROM ARIZONA

HON. RICK RENZI

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Monday, December 12, 2005

Mr. RENZI. Mr. Speaker, I am pleased to recognize two of my home State of Arizona's brightest young students, Ms. Anne Lee and Mr. Albert Shieh for their recent achievements at the Nation's premier math, science and technology competition. On Monday, December 5, Ms. Lee and Mr. Shieh were awarded the top prize in the Siemens Westinghouse Competition, where they won the \$100,000 first prize in the team category, which they will share equally, for developing new software that more accurately analyzes genetic data that will help give scientists more insight into such inherited diseases as Alzheimer's disease, autism and bipolar disorder. These two students developed this new software while interning at a premiere biomedical research facility in Arizona, the Translational Genomics Research Institute, which is helping young students like Anne and Albert to learn first-hand cutting-edge science and technology.

In addition to the award, the two promising young students were invited to ring the closing bell at the New York Stock Exchange on December 5th. Anne and Albert were also featured in a front-page news story in the Arizona Republic.

All of Arizona joins me in congratulating both Anne and Albert for their remarkable accomplishment. Their success affirms that Arizona will be a leader in training the young scientists who will lead our knowledge-based economy of tomorrow.

Mr. Speaker, I request that the article from the Arizona Republic be included in the RECORD following my remarks.

[From the Arizona Republic]

TGEN WORK WINS VALLEY STUDENTS
SCHOLARSHIP CASH

The partnership between TGen and Arizona to make the state a leader in biomedical research paid off Monday. Two Valley students were the first ever from Arizona to win a national Siemens Westinghouse Competition. They shared the mathematics and science team research award in New York and will split the \$100,000 scholarship prize.

Anne Lee, 17, a senior at Phoenix Country Day School, and Albert Shieh, 16, a junior at Scottsdale's Chaparral High School, are interns at TGen, formally known as Translational Genomics Research Institute in Phoenix. TGen opened in 2002 as a non-profit organization with for-profit enterprises and conducts genetic research to try to cure diseases.

The win exemplifies one of the institute's goals of educating Arizona youths in the biosciences and the hope that the students will ultimately return with their knowledge to the Arizona scientific community.

The students improved a TGen computer program that analyzes genetic data to find more information about inherited diseases

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