

RECOGNIZING MARCH 5 AS NATIONAL INDUSTRIAL DESIGN DAY

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 16, 2015

Mr. CONNOLLY. Mr. Speaker, it is my honor to recognize March 5, 2015, as the First Annual National Industrial Design Day. I also want to congratulate the Industrial Designers Society of America on the occasion of its 50th anniversary. This day is being used to recognize those in the profession of industrial design, which has enhanced people's lives, not only in the 11th District of Virginia, but also across the United States and the world.

The term "industrial design" was first recognized by the U.S. Patent Office in 1913, but the importance of this field was not fully recognized at that time. Originally comprised primarily of architects, package designers, and stage designers, the field expanded to include many diverse professionals including those in manufacturing, furniture design, graphic design, and automobile design, among others. The focus evolved to using design as a tool to make products more efficient, more cost effective, and more relevant.

Today, the contributions of industrial designers include advanced technology such as GPS, digital interfaces, environmental graphics, communication systems, surgical equipment, MP3 players, and countless others. The economic impact of this industry helps fuel our national economy. In the United States, product design and related services generate billions in sales and the number of U.S. awarded design patents has reached an all-time high.

Promotion of innovation and creativity has created a growing interest in industrial design. What was first hailed as a "modern movement" at the 1927 Exposition of Art in Trade in New York City is now taught at universities around the world.

The Industrial Designers Society of America, headquartered in Herndon, Virginia in the 11th Congressional District, which I am pleased to represent, should be commended for being an instrumental force in the growth and expansion of this profession. Its membership now includes thousands of industrial designers in 29 countries. In addition, it has hosted education symposiums and conferences to ensure the continued growth of this field.

I ask my colleagues to join me in proclaiming March 5 as National Industrial Design Day and in expressing our appreciation for the innovation and creativity of its members. Their designs and creations improve our lives in every way and are worthy of our recognition.

THE CONTINUING THREAT OF
NEGLECTED TROPICAL DISEASES

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 16, 2015

Mr. SMITH of New Jersey. Mr. Speaker, Neglected Tropical Diseases (NTDs) are a group of 17 parasitic and bacterial diseases which blind, disable, disfigure, and sometimes kill sufferers among more than one billion of the

world's poorest people, trapping the most marginalized communities in a cycle of poverty. The list ranges from chagas to rabies to leprosy to dengue fever. However, there are others not on this list of 17 diseases that also receive too little attention. These include such diseases as polio and smallpox, which have largely been eliminated from the planet, and often fatal, fortunately rare NTDs, such as kuru. Prior to last year, that list of rare diseases included Ebola.

Even though not immediately fatal, these diseases can keep children from attending school and their parents from working, as well as resulting in excessive loss of blood by mothers during birth and low birth weight babies. These conditions constitute a significant hurdle to achieving economic growth and dilute the impact of foreign assistance programs.

Last year, the world witnessed an Ebola disease pandemic that hit six African countries and spread to Spain, Scotland, and the United States. Furthermore, in recent years diseases such as dengue fever and chickungunya have spread into the United States. These and other tropical diseases most often victimize the poor who live in tropical climates—whether in Africa, Latin America or parts of the United States.

Even in the face of the worldwide challenge these tropical diseases pose, the administration has proposed cutting the budget in this area by 17%. Yesterday's hearing examined the problem of neglected tropical diseases and U.S. current and potential efforts to address this problem.

Eight NTDs account for almost all worldwide cases. Seven of them can be treated with low-cost medication that can be dispensed by non-health workers irrespective of disease status. Nearly 80% of all NTD cases are comprised of people carrying intestinal worms.

In our June 27, 2013, hearing on NTDs, we learned the catastrophic nature of these preventable intestinal worm infections. So many of the problems we struggle with, such as difficult births and malnourishment, cannot be remedied without dealing with the infections themselves. These intestinal worms not only steal nutrients from their hosts; they steal their very futures by denying them a healthy life.

We can no longer look at photos of happy young children standing in muddy water without shoes and not think of the possibility that they are losing their future even as we see them enjoy a break from the poverty in which they live. Yet we must understand that these are not merely diseases affecting people in faraway lands.

Current U.S. law favors research on those diseases threatening the American homeland, but in today's world, diseases can cross borders as easily as those affected by them or the products imported into the United States. For example, chagas is most prevalent in Latin America, but it has been identified in patients in Texas, and cases of dengue fever have recently been reported in Florida. We cannot afford to assume that what may seem to be exotic diseases only happen to people in other countries. (And of course, even if that were true, we have a moral obligation to aid and assist those who contract these diseases and mitigate transmittal to the greatest extent possible). Ten years ago, West Nile Virus, another rare disease, was not seen in the United States or anywhere else outside the east Afri-

can nation of Uganda, but in less than a decade, it has spread across this country and much of the rest of the world.

More than 10,000 people have died of Ebola worldwide thus far. Although only one person died in this country due to that disease, we saw clearly how unprepared our medical services and the rest of the world were initially to deal with a rare disease that had previously been confined to isolated areas in Central Africa. There are other rare diseases—not to mention the recognized NTDs—that can cause havoc if they find their way to populated international transit areas as Ebola did last year.

Meanwhile, far too many people live lives of quiet suffering from diseases we must fight more effectively. This is why I have introduced H.R. 1797, the End Neglected Tropical Diseases Act. Among other provisions, H.R. 1797 calls on the U.S. Agency for International Development (USAID) to modify its NTD programming with respect to rapid impact package treatments, school-based NTD programs and new approaches to reach the goals of eliminating NTDs. This bill also sets forth measures to expand the USAID program, including by establishment of a research and development program.

In our effort to achieve reachable goals to prevent and eliminate NTDs, the projected 17% cut in funding for such projects in the FY 2016 budget would pose a serious setback. I have appealed to the appropriators to maintain NTD spending at the most recent regular budget levels in FY 2014, and our hearing yesterday examined how our current NTD programs will be affected either by the planned budget cut or by maintaining the level of funding we saw before the Ebola response skewed the level of such funding.

TRIBUTE TO COLONEL (RETIRED)
JOSE GERARDO GARCIA, M.D.

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 16, 2015

Mr. CUELLAR. Mr. Speaker, I rise today to commemorate the life of Colonel (Retired) Jose Gerardo Garcia, M.D. of Laredo, Texas.

Jose Gerardo Garcia was born on the 21st of November, 1935 to Gerardo and Anita Garcia in Nuevo Laredo, Tamaulipas, Mexico. He received a Bachelors in Biological Sciences at la Escuela Preparatoria Federal and his Medical Doctor degree from la Universidad de Nuevo Leon Medical School in Monterrey in 1957. Following graduation, he completed psychiatry internships at Warren State Hospital in Warren, Pennsylvania and Austin State Hospital in Austin, Texas.

IN 1965, Dr. Garcia became a naturalized citizen of the United States. His love of country compelled him to enlist in the United States Army in 1969. Dr. Garcia's 20 years of service allowed him to use his medical training, serve his country, and help others. Beginning as a major at Fort Dix in New Jersey and then as a surgeon in the Army National Guard, 36th Airborne division, he developed an expertise in aerospace medicine. With this knowledge, Dr. Garcia became a charter member of the U.S. Army Aviation branch upon its creation in 1983. Additionally, he was the first native