

and prevented from fulfilling their ethical obligations of providing medical care.

In doing so, the government of Bahrain is violating well-established laws of medical neutrality.

Just this Monday, April 11, at least six physicians were arrested by the government of Bahrain in its sweeping campaign against medical professionals over the past several weeks. Those arrested on that day include Dr. Abdulshaheed Fadhel, Dr. Jawad Khamees, Dr. Zahra Alsammak, Dr. Arif Rajab, Dr. Nabeel Hameed, and Dr. Nabeel Tammam.

I call on the State Department to do everything in its power to facilitate the release of these individuals and to bring an end to similar attacks on the medical profession in Bahrain.

INTRODUCTION OF THE VIOLENCE AGAINST WOMEN HEALTH INITIATIVE ACT

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, April 15, 2011

Ms. SLAUGHTER. Mr. Speaker, I rise in support of The Violence Against Women Health Initiative Act, legislation that will bring the resources and expertise of the health sector to bear on the persistent problem of domestic and sexual violence.

I invite you to join me today in the fight to preserve the fundamental dignity and safety of women across this great nation—a right to safety and security that should never be abrogated, and yet is under threat every day.

Every nine seconds, a woman is abused in the United States. And every year, women are subjected to 4.8 million assaults and rapes by their intimate partners. According to 2009 statistics from the Federal Bureau of Investigation, of the 1,928 women murdered, 609 were wives murdered by their husbands; and 472 were girlfriends murdered by their significant other.

While no sector of society is left untouched by violence against women, the health care system is particularly impacted by violence and abuse.

Recent studies show that abuse victims use health care services between 2 and 2.5 times that of those who are not victims of abuse. More than 20 years of research connects child and adult exposure to domestic and sexual violence to asthma, stroke, heart disease, cancer, and depression. Intimate partner rape, physical assault, and stalking costs the health care system over \$8.3 billion annually.

In this period of elevated unemployment rates, there is particular cause for concern. The rate of violence in a relationship nearly doubles when a man is unemployed at least once. The rate of violence almost triples when a man experiences multiple periods of unemployment. In this economic recession, we have to be even more vigilant to prevent violence against women.

The health care system is uniquely positioned to take a leading role in fighting and responding to the prevalence of violence.

Victims know and trust their health care providers. Almost three-quarters of survivors say that they would like their health care providers to ask them about violence and abuse.

Multiple clinical studies have shown that short interventions in the medical environment

protect the health and safety of women. These interventions are short—between two and ten minutes—and effective. In repeated clinical trials, violence decreased and health status improved following simple assessment and referral protocols. Integrating these effective protocols into our health care system will save lives.

Indeed, routine assessment for intimate partner violence has been recommended for health care settings by the American Medical Association, American Psychological Association, American Nurses Association, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and the Joint Commission on the Accreditation of Health Care Organizations.

Efforts by the health care system to prevent and respond to violence and abuse against women are built upon the success of the Violence Against Women Act (VAWA), first passed in 1994.

Since its passage, the Violence Against Women Act has transformed our criminal justice and social service system. Between 1993 and 2008, the rate of intimate partner violence dropped 53%. Clearly, we are on the right track.

Yet we need to do more.

Despite the commitment of the health field to help victims of violence and abuse, a critical gap remains in the delivery of health care to victims. Health care providers often only address current injuries, without tackling the underlying cause of those injuries. This highlights the need to ensure that health care providers have the necessary training and support in order to assess, refer, and support victims of domestic violence, dating violence, sexual assault, and stalking.

Today, I introduced the “Violence Against Women Health Initiative Act” as the first step in reauthorizing the Violence Against Women Act, helping the health care system to become a major player in the fight against violence against women. This bill would reauthorize three health programs; changes in the legislation will prioritize evaluation and accountability, as well as to expand the types of medical stakeholders engaged in this important effort.

There should be no safe harbor for those who perpetrate domestic violence and sexual assault in the twenty-first century.

TWENTY-FIFTH ANNIVERSARY OF THE CHERNOBYL NUCLEAR DISASTER

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, April 15, 2011

Mr. LEVIN. Mr. Speaker, today, as we conclude legislative business for the month of April in Washington, D.C., it is appropriate that we mark an important milestone in Ukraine: On April 26th, 2011, we recognize the twenty-fifth anniversary of the Chernobyl nuclear disaster.

On this date in 1986, Reactor Four at the Soviet-designed Chernobyl Nuclear Power Plant in northern Ukraine exploded, releasing more than 100 tons of lethally radioactive material into the environment. The human cost of this disaster is staggering. It is unlikely we will ever know how many deaths can be directly

attributed to the Chernobyl disaster, but the loss of life of even one life is truly a tragedy.

Twenty-five years later, the consequences of the world's worst nuclear accident continue to plague Eastern Europe. Ukraine has been especially impacted. The World Health Organization estimates that over 6,000 people have been diagnosed with thyroid cancer from the radioactive materials in the atmosphere. The concrete and steel sarcophagus that encases the ruined Nuclear Reactor Four is deteriorating and in need of replacement. In addition, the loss of Chernobyl's generating capacity exacerbates an already difficult energy shortage in Ukraine, which depends heavily on energy imports, especially during harsh winters.

We must be mindful that Chernobyl's legacy remains a heavy burden for the people of Ukraine. The fatally flawed nuclear technology that built Chernobyl resulted in lasting harm to Ukraine's people and the environment. The sole consolation is that we can yet hope to redress the damage.

We must continue to support U.S. and international efforts to address the lingering health, social, and economic consequences from the disaster, including the permanent encasement of the damaged nuclear Reactor Four in Chernobyl. I call on every Member of the House to join with me in remembering the victims of this tragedy and to support these efforts. Let us resolve to do our part to help Ukraine build a better future.

CONGRESSMAN FRANK EVANS TRIBUTE

HON. SCOTT R. TIPTON

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, April 15, 2011

Mr. TIPTON. Mr. Speaker, I rise today to recognize Congressman Frank Evans of Pueblo, Colorado. Mr. Evans represented Colorado's third district for 14 years and was considered one of the most professional and courteous members of the House of Representatives. In fitting tribute, Pueblo's Government Printing Office will be renamed after the Congressman next month.

Mr. Evans was responsible for bringing the distribution center to his hometown and was proud of the recognition it gave to what was, at the time, a very small town. It is a testament to his hard work while in office. He fought diligently for residents of the district and never forgot those who elected him to Congress. He enjoyed great success in office, never lost an election, and took great care to avoid making enemies on either side of the aisle.

Mr. Evans grew up in Colorado and went to Pomona College before enlisting in the Navy at the outbreak of World War II. During the War he became a pilot and flew seaplanes in the Pacific theater. After his service, he returned to Colorado and graduated from the University of Denver with a law degree. He specialized in labor law and workers' rights was one of his lifelong concerns. It prompted him, in fact, to move back to Pueblo, so that he might better understand factory life at the district's mills and plants.

In Pueblo he met his wife Eleanor Trefz, whom he loved dearly. Together they raised four children and nine grandchildren. Mr.