

Over the many years Nathaniel has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Nathaniel has contributed to his community through his Eagle Scout project.

Mr. Speaker, I ask you to join me in commending Nathaniel J. Brancato for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

FIGHTING EBOLA: A GROUND LEVEL VIEW

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 19, 2014

Mr. SMITH of New Jersey. Mr. Speaker, the world community has known of the Ebola Virus Disease, more commonly called just Ebola, since it first appeared in a remote region near the Democratic Republic of the Congo in 1976. In previous outbreaks, Ebola had been confined to remote areas in which there was little contact outside the villages or areas in which it appear. Unfortunately, this outbreak, now an epidemic, spread from a village to an international center for regional trade and spread into urban areas in Guinea, Liberia, and Sierra Leone that are crowded with limited medical services and limited resident trust of government. The unprecedented west African Ebola epidemic has not only killed more than 5,000 people, with more than 14,000 others known to be infected. This situation has skewed the planning for how to deal with this outbreak.

In our two previous hearings on the Ebola epidemic, on August 7th and September 17th, we heard about the worsening rates of infection and challenges in responding to this from government agencies such as USAID and CDC and NGOs operating on the ground such as Samaritan's Purse and SIM. The hearing I held yesterday was intended to take testimony from non-governmental organizations providing services on the ground currently in the affected countries, especially Liberia, so we can better determine how proposed actions are being implemented.

In its early stages, Ebola manifests the same symptoms as less immediately deadly diseases, such as malaria, which means initial health care workers have been unprepared for the deadly nature of the disease they have been asked to treat. This meant that too many health care workers—national and international—have been at risk in treating patients who themselves may not know they have Ebola. Hundreds of health care workers have been infected and many have died, including some of the top medical personnel in the three affected countries.

What we found quite quickly was that the health care systems in these countries, despite heavy investment by the United States and other donors, are quite weak. As it happens, these are three countries either coming out of very divisive civil conflict or experiencing serious political divisions. Consequently, citizens have not been widely prepared to accept recommendations from their governments. For quite some time, many people in all three countries would not accept that

the Ebola epidemic was real. Even now, it is believed that despite the prevalence of burial teams throughout Liberia, for example, some families are reluctant to identify their suffering and dead loved ones for safe burials, which places family members and their neighbors at heightened risk of contracting this often fatal disease when patients are most contagious.

The porous borders of these three countries have allowed people to cross between countries at will. This may facilitate commerce, but it also allows for diseases to be transmitted regionally. As a result, the prevalence of Ebola in these three countries has ebbed and flowed with the migration of people from one country to another. Liberia remains the hardest hit of the three countries, with more than 6,500 Ebola cases officially recorded. The number of infected and dead from Ebola could be as much as three times higher than the official figure due to underreporting.

Organizations operating on the ground have told us over the past few months that despite the increasing reach of international and national efforts to contact those infected with Ebola, there remain many remote areas where it is still difficult to find residents or gain sufficient trust to obtain their cooperation. Consequently, the ebb and flow in infections continues. Even when it looks like the battle is being won in one place, it increases in a neighboring country and then reignites in the areas that looked to be successes.

The United States is focusing on Liberia, the United Kingdom is focusing on Sierra Leone, and France and the European Union are supposed to focus on Guinea. In both Sierra Leone and Guinea, the anti-Ebola efforts are behind the pace of those in Liberia. This epidemic must brought under control in all three if our efforts are to be successful.

Last week, I, along with Representatives KAREN BASS and MARK MEADOWS of the Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, introduced H.R. 5710, the Ebola Emergency Response Act. This bill lays out the steps needed for the U.S. government to effectively help fight the west African Ebola epidemic, especially in Liberia—the worst-hit of the three affected countries. This includes recruiting and training health care personnel, establishing fully functional treatment centers, conducting education campaigns among populations in affected countries and developing diagnostics, treatments and vaccines.

H.R. 5710 confirms U.S. policy in the anti-Ebola fight and provides necessary authorities for the Administration to continue or expand anticipated actions in this regard. The bill encourages U.S. collaboration with other donors to mitigate the risk of economic collapse and civil unrest in the three affected countries. Furthermore, this legislation authorizes funding of the International Disaster Assistance account at the higher FY2014 level to effectively support these anti-Ebola efforts.

RECOGNIZING THE FIRST AFRICAN METHODIST EPISCOPAL ZION CHURCH, SAN JOSE FOR 150 YEARS OF SERVICE

HON. ZOE LOFGREN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 19, 2014

Ms. LOFGREN. Mr. Speaker, I rise today to recognize and commend the First African Methodist Episcopal Zion Church, San Jose for 150 years of service, fellowship and stewardship to the San Jose community.

The African Methodist Episcopal Zion Church, the Mother Church, was founded in New York City, in October 1796. The African Methodist Episcopal Zion Church was named the Freedom Church because it struggled mightily for the dignity and emancipation of Black people in America.

In 1864, the First African Methodist Episcopal Zion Church, San Jose was founded in San Jose and has continued in the tradition of the Mother Church to fight for the dignity, emancipation and rights of all people and has been recognized by the City of San Jose as the oldest Black church in San Jose.

On November 23, 2014 the First African Methodist Episcopal Zion Church will celebrate 150 Years of service to the San Jose community and is planning for the community service demands of the future.

RECOGNIZING E. ROBERT CHAMBERLIN ON HIS RETIREMENT FROM SOURCEAMERICA

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 19, 2014

Mr. CONNOLLY. Mr. Speaker, I rise to recognize E. Robert Chamberlin on the occasion of his retirement from SourceAmerica at the end of this year. Located in my district, SourceAmerica is a national non-profit that creates employment opportunities for people with significant disabilities. As Chief Executive Officer, Mr. Chamberlin leads a network of more than 500 affiliated non-profit agencies that participate in the AbilityOne Program, which currently provides employment to more than 128,000 people in the United States who are blind or have other significant disabilities. I, and more than 100 of my colleagues, are proud to partner in these efforts as AbilityOne Congressional Champions.

Mr. Chamberlin joined SourceAmerica as Vice President of Operations in December 1999, following a career with the U.S. Armed Forces, and he was appointed CEO in January 2001. During his Navy career, he achieved the rank of Rear Admiral and held key positions afloat, overseas, and ashore. Later, as the Deputy Director of the Defense Logistics Agency at Fort Belvoir, Virginia, he served as the Department of Defense's representative on the AbilityOne Commission, the Federal agency which oversees the AbilityOne Program.

Throughout his career, Mr. Chamberlin has been tireless in his efforts to improve the employment opportunities for individuals with disabilities. In addition to promoting the hundreds of thousands of individuals employed through