

Ethan has contributed to his community through his Eagle Scout project.

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

IN RECOGNITION OF RARE
DISEASE WEEK

HON. ROD BLUM

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 7, 2016

Mr. BLUM. Mr. Speaker, as a member of the Rare Disease Caucus, I rise today in recognition of Rare Disease Week and those in the First District of Iowa suffering from rare diseases.

This week, activists from all across the country have come to Capitol Hill to educate Members of Congress on the struggles of all rare diseases and advocating for science-driven public policy to bring life-saving treatment, drugs, and procedures to the numerous individuals suffering from rare diseases.

Last July, I voted in favor of H.R. 6, the 21st Century Cures Act and have been a strong advocate for the National Institutes of Health and their mission. On behalf of all Americans suffering from rare diseases, I will continue to advocate for the passage of legislation which drives innovation, research, and treatment for the community.

I encourage my colleagues on both sides of the aisle to stand with me in the fight to cure rare diseases.

CELEBRATING THE 50TH ANNIVERSARY OF
DESALES UNIVERSITY

HON. CHARLES W. DENT

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 7, 2016

Mr. DENT. Mr. Speaker, it is my honor to bring the 50th Anniversary of DeSales University to the attention of the House.

Named in honor of Saint Francis de Sales, DeSales was founded after Bishop Joseph McShea organized a survey of Catholic education opportunities in the Allentown Diocese. The study indicated there was a need for a Catholic College in the Lehigh Valley area of the Allentown Diocese.

The Oblates of St. Francis de Sales broke ground for the new college in May of 1964 on a 500 acre tract located in Lehigh County's Upper Saucon Township. DeSales accepted its first class of freshmen in September 1965 under its original name—Allentown College of St. Francis de Sales.

The ensuing decades brought growth—both in the number of students enrolled and in the curriculum offered.

In March 2000, Allentown College proudly became DeSales University.

Currently, DeSales has a total enrollment of over 3,000 traditional, graduate and evening students and nearly 1,600 full-time undergraduate students. The school offers 41 majors and 31 minors and boasts over 100 faculty members.

DeSales plays an integral role in the Lehigh Valley's educational network and within the community. DeSales' graduates have enjoyed tremendous success across the fields of business, medicine, philosophy, literature, science and teaching.

It is my pleasure to congratulate the students, alumni, faculty and staff of DeSales University as they celebrate their 50th Anniversary. It is my hope that a future member of this House will be able to enter a congratulatory record on their behalf fifty years from now as well.

THE GROWING THREAT OF CHOLERA AND OTHER DISEASES IN
THE MIDDLE EAST

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Monday, March 7, 2016

Mr. SMITH of New Jersey. Mr. Speaker, during the last several years, conflicts in the Middle East have cost the lives of hundreds of thousands of people, primarily in Syria, Iraq, and Yemen. As a result of conflicts in these countries, as well as the influx of refugees from conflict zones into surrounding countries such as Turkey, Jordan, and Lebanon, many of those who die are the victim of disease.

Almost 17 million people in the region are in need of humanitarian assistance, including roughly four million refugees who have fled their countries and an additional 13 million people who have left their homes but are internally displaced within their countries.

A hearing I convened last week examined the scope of the cholera and other disease threats to determine what can and should be done to control it and minimize their spread beyond the Middle East.

The World Health Organization reported the spread of a cholera epidemic that first began in Iraq in 2007 that crossed over into Iran, Syria and is considered the region's greatest, although not only, health threat. These threats are worsened by the targeting of health workers in Syria and an Islamic State that has no experience and little interest in providing social services. Thus, cholera and other diseases are untreated, often unreported and pose a significant health threat in the region due to poor sanitation and overcrowding in areas such as refugee camps.

Cholera is an acute diarrheal disease that can cause death within hours if left untreated. Roughly 80% of those who contract the disease do not develop symptoms, leaving some uncertainty about precisely how many people contract the disease annually. Scientists estimate that between 1.4 and 4.3 million people contract cholera annually, of whom 28,000 to 142,000 die. Cholera bacteria are present in the feces of infected people for one to ten days after infection and can be spread to others if they ingest food or water that is contaminated with their fecal matter. The spread of cholera is mostly facilitated by inadequate water and sanitation management and outbreaks are common in areas where basic infrastructure is unavailable, such as urban slums and camps for internally displaced persons and refugees.

As devastating as this cholera epidemic has been and can be going forward, we must also

remember the MERS epidemic of three years ago. The Middle East Respiratory Syndrome, or MERS, is a respiratory illness. It is caused by a virus called Middle East Respiratory Syndrome Coronavirus, or MERS-CoV. This virus was first reported in 2012 in Saudi Arabia. It is different from any other coronaviruses that have been found in people before.

MERS-CoV, like other coronaviruses, is thought to spread from an infected person's respiratory secretions, such as through coughing. However, the precise ways the virus spreads are not currently well understood. MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person. Infected people have spread MERS-CoV to others even in healthcare settings, such as hospitals. This transmission pattern is more likely when medical facilities and health workers are in short supply.

The conflicts and political crises in the Middle East have brought anguish, suffering, and severe declines in health to people throughout the region. The most catastrophic case by far is Syria, where more than a million people have experienced traumatic injuries, once-rare infectious diseases have returned, chronic disease goes untreated, and the health system has collapsed. In Yemen, Libya, Gaza, and Iraq violence has limited access to health care and grievously harmed the population.

According to Physicians for Human Rights last summer, at least 633 medical personnel had been killed and more than 270 illegal attacks on 202 separate medical facilities had taken place since March 2011 in Syria. Of the attacks on medical facilities, at least 51, or 19 percent, reportedly were carried out with barrel bombs. Almost all the assaults were inflicted by the regime of President Bashar al-Assad.

In the Middle East, threats against as well as arrests and intimidation of health workers extends beyond armed conflict to situations of political volatility, as evident in Bahrain, Egypt, and Turkey. In most of these cases, doctors and nurses who treat victims of violence are, by the very act of providing treatment, deemed guilty of anti-government activities. In Bahrain, almost 100 doctors and nurses were arrested and 48 originally charged with felonies for having offered medical care to wounded people in the wake of the 2011 Arab Spring uprising,

Cholera can be treated and its spread can be prevented, but diseases such as MERS pose a danger of spreading beyond the region. However, beyond the global health implications, we must consider the compounded suffering of people in the Middle East. Not only are they often in threat of violence through no fault of their own but they face preventable, treatable diseases that have gotten out of control due to conflicts.

Our panel at the hearing included health experts who helped us think through the health challenges our government faces in considering how to provide the most effective assistance to people in the Middle East. The two keys to success are: remain vigilant and sustain commitment. The hearing last week was intended to demonstrate our vigilance and commitment to addressing this situation.