

Dan's mother-in-law makes the point to stop in to help stock shelves.

The willingness of the Grainfield residents to partner with the Godeks to help one another succeed is a great example of the many values that rural America lives by. They can be proud of their achievements, just as I am proud to represent these kinds of people. Congratulations to Dan and Nicole in their efforts at Harvest Market and the services they bring to Grainfield. And thank you to the town of Grainfield and the citizens of Gove County for the support of the Godeks and the Harvest Market.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

NATIONAL FRAGILE X FOUNDATION ADVOCACY DAY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Mississippi (Mr. HARPER) is recognized for 5 minutes.

Mr. HARPER. Mr. Speaker, as you may know and many of you may know, my wife, Sidney, and I are blessed with a precious 20-year-old son named Livingston and a wonderful 18-year-old daughter named Maggie. Early in Livingston's life, we noticed that he was not reaching developmental milestones as quickly as the other children his age. He was slow to walk, slow to talk, and at times, he would flap his hands, rock back and forth, and chew on a terrycloth doll that he had. Doctors continuously informed Sidney and me that he was developmentally delayed and that he would grow out of it. We were told not to be concerned.

When Livingston was nearly 19 months old, and we were 3 months pregnant with Maggie, our doctor informed us that something could be wrong. At that time, he didn't know what it was but assured us that he would begin searching for what the diagnosis was. Over the next 2 years, our lives were consumed with occupational therapy and speech therapy and visits to the doctor, trying to find out what we had, along with other diagnostic tests. Livingston was misdiagnosed with mild cerebral palsy and was said to be a near miss on autism. My strong and loving wife dealt with these issues on a daily basis and dealt with the brunt of the day-to-day activity with Livingston. After almost 2 years, we were finally able to get a correct diagnosis of fragile X syndrome.

Most fragile X families have shared similar stories of delayed diagnosis. This is why I support the work of the Fragile X Clinical and Research Consortium. Fragile X associated disorders are genetic, resulting in behavioral, developmental and language disabilities

throughout a person's life. It is linked to a mutation on the X chromosome and is the most commonly inherited form of intellectual disabilities. Fragile X is also linked to reproductive problems in women, including early menopause and a Parkinson's-like condition in older male carriers. Today over 100,000 Americans live with fragile X syndrome, and over 1 million Americans carry a fragile X mutation and either have or are at risk for developing a fragile X associated disorder. Further, as many as one in 130 women are estimated to be carriers of the fragile X mutation, according to current studies.

Over 140 fragile X advocates visited Capitol Hill today, educating their Members of Congress on the potential for effective treatments, raising awareness of this disorder, and sharing their very personal stories. As one of the co-chairman of this bipartisan Fragile X Caucus, I am committed to improving the health of children and adults across the country living with this disorder.

Last year our caucus, united with the National Fragile X Foundation, reached many of our targeted objectives. Working with Senator THAD COCHRAN of Mississippi and other Members of Congress, we secured funding for a national postsecondary education demonstration program which was authorized in the 2008 Higher Education Opportunities Act but was previously not funded. This program will give hope to families and will allow young adults with intellectual disabilities to perhaps enjoy the opportunity and the experience of going to college.

The Fragile X Caucus supported funding for the Centers for Disease Control to establish public health activities for fragile X syndrome, obtaining \$1.9 million for the current fiscal year. Our coalition obtained report language in support of efforts at NIH for the implementation of their research plan on fragile X. And we succeeded in adding fragile X to the list of disorders eligible for medical research projects under the Department of Defense's Peer Reviewed Medical Research Program.

These accomplishments have had a significant impact on the fragile X community, but I assure you that this is only the beginning of our very promising journey. This year the Fragile X Caucus will work with other Members of Congress to push the NIH research plan on fragile X syndrome and associated disorders and will urge Congress to continue funding translational research that shows significant promise of a safe and effective treatment for this disorder. We will request that the Department of Defense expand the Peer Reviewed Medical Research Program to include fragile X-associated disorders in the eligible research topics for their fiscal year 2011. And we will advocate for continued support to grow the National Fragile X Public Health Initiative and the Fragile X Clinical and Research Consortium in order to

expand to geographically underserved regions.

I commend the ongoing research being conducted in drug therapy, and we hope that it will lead to successes. We must continue to focus on efforts to enhance the lives of these families who are blessed with a fragile X child. As the only Member of Congress who has a child with fragile X syndrome, I understand the challenges that many families face who experience this condition. For our family, fragile X has become a lifelong labor of love and daily blessings. Every day we thank God for our son, Livingston. My family's commitment to these courageous individuals is that we will work tirelessly to increase awareness of this genetic disorder.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

RECOGNIZING DR. BARTH GREEN'S EFFORTS IN HAITI

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise tonight to recognize the tremendous contributions of the relief efforts in Haiti made by Dr. Barth Green and the University of Miami's Global Institute's Project Medishare and the Miller School of Medicine at the University of Miami. When Haiti was devastated by the earthquake which struck on January 12, Dr. Barth Green, cofounder of the UM Global Institute's Project Medishare for Haiti, and a team of 11 doctors and nurses immediately sprung into action. Arriving the very next day, they were the first medical team in Haiti following this catastrophic earthquake, and within less than 24 hours at the request of Haitian President Rene Preval and the Haitian Ministry of Health, Project Medishare had set up a field trauma hospital on the grounds of the Port-au-Prince Airport. This 300-bed critical care hospital is now reportedly the country's largest functioning urgent care hospital. It is working closely with the U.S. military in Haiti, providing important triage services in collaboration with the U.S. Navy ship *Comfort*.

Under Dr. Green's leadership, Project Medishare has deployed over 500 medical, administrative and logistical personnel to staff the hospital, and they have effectively treated hundreds of patients on a daily basis. So far, more than 2,000 earthquake survivors have received care at the University of Miami Hospital. In addition, the Project Medishare UM Global Institute Hospital has served as an important clearing house and staging point for medical evaluations and for other hospitals that are operating in the Port-au-Prince area.

But it doesn't stop there, Mr. Speaker. Because Project Medishare has been engaged in health and development work in Haiti for over 15 years, they were able to quickly grow their emergency response efforts across all of Haiti. They were able to expand their longstanding programs in Cap Haitien and in the central plateau to care for earthquake-injured individuals who had left the capital city to be with their families elsewhere.

Similarly, because the UM Global Institute has been working in Haiti for nearly 40 years now, it is uniquely positioned to work with the Government of Haiti, the U.S. military and other organizations to help organize medical teams on the ground and implement field hospital plans around the capital city.

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Notably, Project Medishare is also making an effort to integrate medical staff with the Haitian Ministry of Health and other local Haitian doctors and nurses in an effort to better train each other.

As Dr. Green himself explained, "We're beginning to train our Haitian colleagues so, when we hand off these hospitals in the next couple of months, they'll be there forever. We're not rebuilding Haiti the way it was; we're rebuilding a different Haiti."

Dr. Green has also said that they plan to leave with your colleagues in Haiti every piece of the transported equipment used for their relief efforts. This will help to transition the immediate relief assistance they have provided into real, longstanding, sustainable progress for the people of Haiti.

I was so proud to coordinate Dr. Green's efforts with our U.S. military personnel on the ground and in my district at the U.S. Southern Command. I applaud the many individuals who have participated in the relief efforts headed by Dr. Green, by the University of Miami, by the Global Institute's Project Medishare, and by the U.M. Miller School of Medicine. The work of private individuals and organizations such as these is key to the broader U.S. response to the crisis in Haiti.

Again, I would like to recognize the tremendous contributions made by Dr. Green and his partners at the University of Miami, especially U.M. President Donna Shalala, to the relief efforts in Haiti. My sincere gratitude for their selfless dedication to this cause. Congratulations, U.M.; congratulations, Mr. Barth Green.

RECOGNIZING MINNESOTA'S 34TH INFANTRY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. PAULSEN) is recognized for 5 minutes.

Mr. PAULSEN. Mr. Speaker, the amount of sacrifice given to this Nation by those serving in our Armed Forces is truly inspiring. American

men and women in uniform are a remarkable symbol for our country, and we are truly proud of their dedication.

The Minnesota National Guard's 34th Infantry Division, known as the Red Bulls, have served our State and our country with honor and are truly the best our Nation has to offer. Their dedication to ensure freedom has been a momentous task, and they continue to succeed with utmost bravery.

This responsibility is no small task. Indeed, ensuring democracy in a fragile state is something that takes courage and trust.

Most recently, more than 1,000 members of the Red Bulls were deployed to Basra, Iraq, where they took command of 14,000 troops in nine of Iraq's 18 provinces. After serving long hours and giving up days and years of their lives, the Red Bulls have finally returned home to Minnesota, and it was a joyous occasion. Families and friends were reunited after serving our country and representing our State. These heroes took part in the Minnesota National Guard's nationally recognized "Return to Yellow Ribbon" reintegration program which helps soldiers ease back into everyday life.

To give thanks for their extended service, in January 2007, the Post-Deployment Mobilization Respite Absence program, PDMRA, was implemented to offer extra pay for those who served extended time overseas during deployments in Iraq and Afghanistan.

But despite this promise, more than 23,000 troops did not receive the benefits they were promised due to the bureaucracy and the red tape within the Department of Defense. Troops that were owed thousands of dollars, they didn't see a dime. This was entirely unacceptable. This type of delay, whatever the excuse, was certainly outrageous. And although this was not a new issue, I was proud to work on this issue as soon as I arrived in Congress. In fact, the effort was led by Representatives JOHN KLINE and TIM WALZ from Minnesota, along with the rest of the Minnesota delegation, and Representative BRUCE BRALEY from Iowa, whose tireless work on this issue should not go unnoticed.

Mr. Speaker, when it comes to our veterans' issues, partisan politics are not an option. We all share a common goal in Congress to support our troops, and have worked together to ensure that those who serve our Nation get the respect and the recognition that they deserve.

While we authored legislation that would have provided an immediate fix for this issue, a major hurdle was that many Members of Congress did not know the problem ever existed. Despite the fact that 19 States had 500 or more constituents who had not received money, many Members were unfortunately unaware, which was a major hurdle in passing this legislation. And so we made it our mission personally to educate Members of Congress about the problem, and we tried to raise awareness about the issue.

We also sent numerous letters to the Defense Appropriation and authorization committees so we could begin to address the problem in Congress, while thousands, in the meantime, continued to wait for the DOD to act. In the House, we were successful in getting language in the Defense authorization bill, and we got money allocated in the Defense appropriation bill. Unfortunately, the Senate authorization bill had language to fix the problem but their appropriations bill did not include the funding. Sadly, after all of our efforts, the final Defense appropriations bill that the President signed into law did not contain the funding that was needed to provide the fix to this problem for our troops.

But we kept on fighting. We did not give up, and the issue was raised in a question by Representative KLINE to Defense Secretary Gates during a House Armed Services Committee hearing recently, and it was just shortly after that the Department of Defense announced it was changing its policy and that they would end these burdensome regulations in order for the soldiers to get the money that they were promised a long time ago.

So I am proud to report that now the first checks have been mailed out to our deserving troops. The Red Bulls, without a doubt, deserve every dollar they will be receiving after this 3-year wait. I want to take this opportunity to thank them again for their service and pledge to them that we will fight to make sure that a similar situation never happens again in the future.

HONORING THREE PENNSYLVANIANS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. THOMPSON) is recognized for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, some say that America is successful because of what we do here in Washington. I couldn't disagree more. America is successful because of her citizens. And tonight, I want to share and talk about and recognize three such individuals from Clinton County, Pennsylvania.

Mr. Speaker, the first is Donald Mellott. On Friday, February 12, 2010, veteran fire policeman Donald G. Mellott made the ultimate sacrifice in the line of duty while serving the citizens and communities of Clinton County, Pennsylvania. Mr. Mellott tragically lost his life while working to control the traffic scene of a two-vehicle crash on Lusk Run in Bald Eagle Township.

A long-time public servant in Clinton County, he most recently served as captain of the Woolrich Fire Police Association. Captain Mellott was instrumental in shaping the future of the Clinton County Fire Police Association.

He began his public service at the age of 16 and served his communities for 46