

EXTENSIONS OF REMARKS

IN HONOR OF THE CITY OF
LANKARAN, AZERBAIJAN

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 5, 2011

Mr. FARR. Mr. Speaker, I rise today to welcome the city of Lankaran, Azerbaijan as a new sister city to a city in my district, Monterey, California.

Lankaran joins six other cities that have sister-city arrangements with Monterey. The other cities are: Tainan City, Taiwan; Nanao, Japan; Dubrovnik, Croatia; Trapani, Italy; Kusadasi, Turkey; and Lerida, Spain.

Lankaran, located on the southern coast of the Caspian Sea offers great potential for a thriving tourism industry for Azerbaijan. As a tourist mecca of its own Monterey can offer a great example of best practices in tourism of Lankaran.

I hope this new relationship will foster good will and friendship between two wonderful cities and two countries allied in peace.

HONORING MR. GLENN PETTINATO

HON. TOM MARINO

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 5, 2011

Mr. MARINO. Mr. Speaker, I rise today in honor of my constituents, Mr. Glenn Pettinato, on the occasion of his induction as President of UNICO National, the largest Italian-American service organization in the United States.

Since its founding in 1922, UNICO National has represented Italian-Americans across the country with pride and selflessness. Its foundations in charitable works, higher education, and patriotic deeds have taken UNICO from a fifteen-member group to nation-wide organization, with over 7,000 members in 140 local chapters across 19 states.

UNICO has continued to fight for the equal treatment of all Americans, including Italian-Americans and has worked tirelessly to promote its ideals of citizenship and civic duty.

As an Italian-American myself, I am honored to have the opportunity to offer my congratulations to a man who will faithfully serve UNICO as a leader who truly embodies its sentiment for unity, neighborliness, integrity, charity, and opportunity.

Mr. Speaker, I rise today to honor my constituent, Mr. Glenn Pettinato, and ask my colleagues to join in praising his commitment to community and country.

SOUTHERN KORDOFAN: ETHNIC
CLEANSING AND HUMANITARIAN
CRISIS IN SUDAN

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, August 5, 2011

Mr. SMITH of New Jersey. Mr. Speaker, I called an emergency hearing yesterday because of the escalating crisis in the Sudanese state of Southern Kordofan. This crisis first arose in June of this year, shortly after the military forces of the Republic of the Sudan attacked the Abyei region, apparently as a provocation to South Sudan's Sudanese People's Liberation Movement, or SPLM. South Sudan was about to become independent, and these attacks may have been intended to provoke a fight that could derail their independence. At the same time, Sudanese attacks on SPLM-North members in the Sudanese state of Southern Kordofan were increasing.

Because of the fighting and the displacement of Sudanese and foreigners from Southern Kordofan, no one is estimating how many people have been killed in that area. We do know that more than 73,000 people have been displaced. Whatever the numbers involved, we can be sure that the suffering of the people in Southern Kordofan, especially the Nuba people, has been catastrophic.

This latest violence is a tragic resumption of a prior war by the Khartoum government on the Nuba. Beginning in the 1980s, Islamist elements in the North began an eradication campaign against the Nuba—pitting Northern Arabs against Africans to the South. Unfortunately for the Nuba, they are not Southerners, even though many fought with the Southern army during the North-South civil war. But neither are they accepted by the elements ruling the North, even though many of them are Muslims.

This left the Nuba on their own to suffer the onslaught of the Khartoum government. The strategy of cultural cleansing pursued by the government involved harsh attempts to depopulate vast areas, killing potential combatants, as well as many others, and herding survivors into tightly controlled government refugee camps. When jihad was declared by the Government of the Sudan in 1992, even Nuba Muslims were targeted, with the rationale that Muslims in SPLM areas were not true Muslims. Rape of Nuba women has been a central component of the government's strategy, aimed at destroying the social fabric of Nuba society. Almost every woman who has been in one of Khartoum's so-called "peace camps" reportedly was either raped or threatened with rape.

According to the United Nations Office for the Coordination of Humanitarian Affairs, between 30,000 and 40,000 people, out of a population of 60,000 in the Southern Kordofan capital of Kadugli have fled the town. Many of the attacks in Southern Kordofan were indiscriminate, including aerial bombardments and

artillery fire by the Sudanese Armed Forces. Bombings have been reported in five villages south of the state capital of Kadugli, as well as in Talodi, Heiban, Kaudo and other towns. The UN Office of the High Commissioner for Human Rights told the UN Security Council on July 29th that there were reports, as recently as July 27th, of aerial bombings forcing civilians to flee into the Nuba Mountains.

Some are trying to down play the overwhelming responsibility of the Sudanese government for the devastation taking place in Southern Kordofan by referring to the refusal of the SPLM-North to lay down their arms to negotiate with Khartoum. But there is no moral equivalence between the SPLM-North's actions and those of the government. SPLM-North members are not bombing people indiscriminately, driving Arabs off their lands and out of their homes nor going door-to-door to identify their perceived enemies and execute them. The Government of Sudan's military forces are. We saw photographic evidence of these atrocities at yesterday's hearing.

In addition, the recent attacks on Southern Kordofan have disrupted the planting season and will have a long-term negative impact on the ability of its people to feed themselves. In parts of Somalia, Ethiopia and Kenya, people suffer from drought made worse by conflict. In Southern Kordofan, the national government is creating a similar humanitarian crisis.

The death and destruction to which Sudanese Africans have been subjected was thought to have ended with the signing of the Comprehensive Peace Agreement in 2005 to end the North-South civil war. However, the genocide in Darfur diverted the international community's attention away from the unresolved issues between North and South. These lingering points of contention threatened to derail independence for South Sudan just as the independence process was coming to a conclusion. And now the struggle over Abyei threatens to stifle the suffering cries and pleas for help that are arising from the Nuba people as they are dragged into a resumption of the Northern war against them.

We discussed this war during the Subcommittee's June 16th hearing on South Sudan. At that time, the fighting in Southern Kordofan was as horrific as any attacks waged by the Khartoum government. The testimony that was presented yesterday by witnesses who have seen the carnage revealed the horrific extent of this situation.

HYDROCEPHALUS TREATMENT IN
UGANDA: LEADING THE WAY TO
HELP CHILDREN

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, August 5, 2011

Mr. SMITH of New Jersey. Mr. Speaker, as the Chairman of the Subcommittee on Africa, Global Health, and Human Rights, I held a

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

hearing on August 2nd on the global health issue of hydrocephalus, a serious—and seriously neglected—health condition. The hearing also focused on a relatively inexpensive, technologically-sophisticated advancement for curing it, created, designed, and perfected by one of our distinguished witnesses, Dr. Benjamin Warf.

I had the opportunity to learn more about hydrocephalus when I was traveling in Africa last March. Children who suffer from it characteristically have heads that are far out of proportion to the size of their small bodies. I was horrified to learn that in Africa, where superstitions still are widespread, hydrocephalus is commonly perceived as a curse or caused through witchcraft. A child may be subjected to horrific abuse, and even killed, as a result. It was therefore a real eye-opener for me to see the cultural context of hydrocephalus in Africa, and the extraordinary efforts of a number of courageous, compassionate individuals to address it.

The human brain normally produces cerebrospinal fluid which surrounds and cushions it. The fluid also delivers nutrients to and removes waste away from the brain. This fluid is drained away from the brain and absorbed into blood vessels as new fluid is produced.

Hydrocephalus occurs when this draining process no longer functions properly. The fluid levels inside the skull rise, causing increased pressure that compresses the brain and potentially enlarges the head. Symptoms include headaches, vomiting, blurred vision, cognitive difficulties, imbalance, convulsions, brain damage, and ultimately, death.

Hydrocephalus can occur in adults, but most commonly is present at birth. Our witnesses testified that there are believed to be more than 4,000 new cases of infant hydrocephalus in Uganda, and 100,000 to 375,000 new cases in sub-Saharan Africa, each year. By comparison, in the United States, hydrocephalus occurs in 1 out of every 500 births. Another 6,000 children under the age of 2 develop hydrocephalus annually. The U.S. National Institutes of Health estimates that 700,000 Americans have hydrocephalus, and it is the leading cause of brain surgery for children in this country.

A major difference between the United States and sub-Saharan Africa is the number of neurosurgeons available to treat this condition. The U.S. has 3,500 neurosurgeons, whereas Uganda, for instance, has only four.

Another major difference between the United States and sub-Saharan Africa is the methodology used to treat hydrocephalus. In the Western world, doctors surgically insert a shunt into the brain in order to drain the fluid through the neck and into another part of the body where the fluid can be absorbed. A shunt is only a temporary solution, and there is always a danger that any one of a number of things may go wrong. For example, the tube may become blocked, an infection may develop, catheters may break or malfunction due to calcification, or the valve may drain too much or too little fluid. In almost half of all cases, shunts fail within the first two years. And when they do, the patient must have immediate access to a medical facility and a doctor who can correct the problem.

This precarious situation must be a constant source of concern and stress for people in the United States who suffer from hydrocephalus and their families. However, in a place like

sub-Saharan Africa, a shunt is fundamentally impractical. Trained neurosurgeons, as I noted, are extremely few in Africa, as are properly equipped hospitals. And roads and transportation systems on the African continent make travel arduous and long for the vast majority of people under even the best of circumstances. A hydrocephalic child in a place like Uganda, even if he or she could be treated with a shunt, would have little hope of living for more than a couple of years.

Mr. Speaker, in March of this year, I had the privilege of meeting Dr. John Mugamba, one of the four neurosurgeons in Uganda. With the help of a video such as we viewed during the hearing, Dr. Mugamba explained the fascinating surgical procedure that he is performing several times daily in Uganda to cure small children of hydrocephalus. This treatment being provided at CURE Children's Hospital of Uganda is not only overcoming a medical barrier that children afflicted with the condition face; it is also serving to educate Ugandan communities that the condition is not the result of a curse and is not a reason to kill the child. Parents whose children have been cured are helping other parents to identify the condition early in an infant's life, and to know where to go for treatment.

Dr. Warf was the first to identify neonatal infection as the chief cause of pediatric hydrocephalus in a developing country. He also developed the new surgical technique, a combined endoscopic third ventriculostomy with bilateral choroid plexus cauterization (ETV/CPC), which holds great promise not only for the children of Africa but potentially for children in developed countries as well. As Dr. Warf testified, hydrocephalus has never been a public health priority in developing countries. Most infants in Africa do not receive treatment, and even when treated, they often succumb to a premature death or suffer severe disabilities.

Mr. Speaker, it is imperative that we find the causes in order to develop public health prevention strategies. Our distinguished witnesses explained this innovative procedure, efforts being undertaken to determine the causes of hydrocephalus, and initiatives to end the suffering caused by this life-threatening condition. I plea with all stakeholders who care about the children of Africa, including African Ministries of Health, non-governmental organizations, and our own U.S. Agency for International Development, to urgently provide tangible support to these efforts and initiatives.

SUPPORTING THE APPOINTMENT OF GENERAL WESLEY CLARK AS SPECIAL ENVOY TO CAMP ASHRAF, IRAQ

HON. STEVE COHEN

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Friday, August 5, 2011

Mr. COHEN. Mr. Speaker, I rise today to give my support for the appointment of General Wesley K. Clark, Sr. as the special envoy to resolve the crisis in Camp Ashraf, Iraq. As one of the most highly decorated officers in the history of our nation and an authority in foreign policy as demonstrated by his ability to resolve the crisis in the Balkans while serving as the Supreme Allied Commander Europe of

NATO from 1007–2000, I encourage Secretary Clinton to seriously consider General Clark for this position.

Camp Ashraf is home to 3,400 members of the principal Iranian opposition group, the Mujahedin-e Khalq (MEK). There are 1,000 women among the residents, as well as children. The Iraqi Government has on two occasions attacked the unarmed residents of Camp Ashraf, killing dozens and injuring hundreds of defenseless men and women.

In a press conference on July 30, Prime Minister Nuri al-Maliki stated that western countries should not provide refuge to the residents. He has already stated that he intends to expel, and has threatened to arrest Camp Ashraf residents by the end of the year. If Ashraf residents are left at the mercy of Prime Minister Nuri al-Maliki, who has repeatedly acted at the behest of Tehran, the residents could be killed, tortured or even sent to Iran where they would surely be murdered.

We need to play a very active role to ensure that no other resident of Camp Ashraf is subjected to massacre, given that we signed an agreement with every resident of Camp Ashraf in 2004 to protect them until their final disposition and that the United States recognized them as “protected persons.”

I strongly endorse the appointment of a special envoy to resolve the looming humanitarian catastrophe in Camp Ashraf, Iraq. The envoy should not only have notable credentials and experience, but should also have the trust of all parties including the residents of Ashraf, European countries and the United Nations.

General Wesley Clark has proven himself to be a diplomat of the highest order as well as an outstanding military commander and strategist. General Clark graduated first in his class from West Point. He completed degrees in philosophy, politics and economics at Oxford University where he earned both his B.A. and M.A. degrees as a Rhodes Scholar.

In 38 years of service in the United States Army, he commanded at the battalion, brigade and division levels. He served in a number of significant staff positions including being appointed as the Director for Strategic Plans and Policy (J-5) of the Joint Chiefs of Staff. General Clark rose to the rank of four-star general as NATO's Supreme Allied Commander of Europe and led forces to victory in Operation Allied Force where 1.5 million Albanians were saved from ethnic cleansing.

His awards include the Presidential Medal of Freedom, Defense Distinguished Service Medal (five awards), Silver Star, Bronze Star, Purple Heart, honorary knighthoods from the British and Dutch governments, Commander of the Legion of Honor by the French government and numerous other awards.

Mr. Speaker, I ask all of my colleagues to stand with me in urging Secretary Clinton to consider General Wesley Clark to lead a special envoy to resolve the humanitarian crisis in Camp Ashraf, Iraq. It is in the best interest of the residents of Camp Ashraf that this effort be led by someone such as General Clark who has military experience and demonstrated successful conflict resolution.