

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.

Evans was proud of his family and their accomplishments.

Mr. Speaker, Congressman Frank Evans left a sizable mark on Colorado and there is no doubt his legacy will continue to impact the state. Renaming the Government Printing Office after the Congressman is an appropriate tribute to a man who was central to its construction.

IN SPECIAL RECOGNITION OF NATHAN KRUSE ON HIS APPOINTMENT TO ATTEND THE UNITED STATES AIR FORCE ACADEMY

HON. ROBERT E. LATTA

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, April 15, 2011

Mr. LATTA. Mr. Speaker, it is my great pleasure to pay special tribute to an outstanding young man from Ohio's Fifth Congressional District. I am happy to announce that Nathan Kruse, of Ottawa, Ohio has been offered an appointment to attend the United States Air Force Academy in Colorado Springs, Colorado.

Nathan brings an enormous amount of leadership, service and dedication to the incoming class of Air Force cadets. While a gifted athlete, having earned varsity and junior varsity letters in football and track, Nathan has also maintained the highest standards of excellence in his academics. He attained a 4.0 GPA at Ottawa-Glandorf High School and is a member of and president of the National Honor Society. Nathan also participated in the German Club, Academic Quiz Bowl and Science Olympiad.

Outside the classroom, Nathan is an Eagle Scout, Junior Optimist Club member and has volunteered for numerous tutoring opportunities. Nathan's dedication and service to his community and his peers has proven his ability to excel among the leaders at the Air Force Academy. I have no doubt that Nathan will take the lessons of his student leadership with him to Colorado Springs.

Mr. Speaker, I ask my colleagues to join me in congratulating Nathan Kruse on his acceptance of appointment to the United States Air Force Academy where he will gain a world-class education and receive invaluable leadership experience. I am positive that Nathan will excel during his career at the Air Force Academy, and I ask my colleagues to join me in extending their best wishes to him as he begins his service to the nation.

INTRODUCTION OF THE PERSONALIZE YOUR CARE ACT OF 2011

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Friday, April 15, 2011

Mr. BLUMENAUER. Mr. Speaker, today I am proud to introduce the Personalize Your Care Act of 2011.

Advances in healthcare have led to increasingly complex health care decisions and more treatment options than we have ever before had the benefit—or the burden—of choosing between. Both Democrats and Republicans

agree that individuals should be fully involved in decisions related to their own health care and should be able to make informed decisions about that care reflecting their values and their needs. We also agree that when people have expressed their wishes, particularly in a formal and legally binding manner, those wishes should be known and respected.

While there is widespread agreement regarding these principles, too often this is not the reality. Most adults have not completed an advance directive; if documents are completed, they are not regularly revisited and can be difficult to locate. Because these issues are difficult to discuss, surrogates often feel ill-prepared to interpret their loved ones' written wishes.

These shortcomings can leave families and healthcare proxies faced with the burden of determining their loved ones' wishes in the midst of crisis, sometimes with little or no information about how best to direct care. This adds not only stress and anxiety to an already difficult situation, but studies show that lack of advance care planning actually prolongs the grieving process after losing a loved one.

One of the greatest misconceptions about advance care planning is that it is a one-time event. Attempting to plan for all possibilities in a single document or within a single conversation is overwhelming and, quite likely, impossible. Where possible, this should be an ongoing conversation. Careful, early advance care planning is important because a person's ability to make decisions may diminish over time and he or she may suddenly lose the capability to participate in his or her health care decisions.

Successful advance care planning is less about legal documentation and more about facilitating ongoing communication about future care wishes among individuals, their health care providers, and surrogates. This approach recognizes that advance care documents like advance directives are not the "ends," but the "means"—they are the tools for documenting care preferences based on informed decisions that incorporate an individual's values, personal goals, and current circumstances.

This process not only provides higher quality care, but personalized care.

The Personalize Your Care Act aims to support advance care planning by providing Medicare and Medicaid coverage for voluntary consultations about advance care planning every 5 years or in the event of a change in health status. This periodic revisiting of advance care documents and goals of care recognizes that an individual's preferences can change over time. It also recognizes that the advance care plan should be updated if an individual develops a serious or chronic illness, if additional curative and palliative treatment options become available, and to consistently reflect the individual's current circumstances and preferences.

Honoring the expressed wishes of individuals must also be a priority. For this to occur, advance care planning documents must be accessible wherever care is provided. The legislation ensures that an individual's electronic health record is able to display his or her current advance directive and/or physician orders for life sustaining treatment (POLST), so that his or her wishes are easily accessible and respected. Furthermore, under the legislation, advance directives would be portable, ensuring that advance directives completed in one

state are honored in another state, in the event care needed to be provided there.

The legislation also provides grants to states to establish or expand physician orders for life sustaining treatment programs. These programs have a track record of promoting patient autonomy through documenting and coordinating a person's treatment preferences, clarifying treatment intentions and minimizing confusion, reducing repetitive activities in complying with the Patient Self Determination Act, and facilitating appropriate treatment by emergency personnel.

These investments in advance care planning will reinforce patient-centered care—engaging individuals in planning and decision-making about their future care and ensuring that those preferences are documented, accessible, and can be honored in any state and in any care setting.

I am proud to introduce the Personalize Your Care Act with the support of patient advocates, physicians, nurses, and the faith community who see every day how advance care planning improves individuals' and families' peace of mind and the quality of their care.

TERRORIST ATTACKS ON ISRAELIS MARK NEW ESCALATION

HON. TOM REED

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, April 15, 2011

Mr. REED. Mr. Speaker, the recent bombing in Jerusalem and sharp rise in unprovoked rocket attacks from Gaza have marked an escalation in violence by the Palestinian terrorists backed by Hamas and Iran. These attacks are a stark reminder of the constant threat Israel faces from those who want to destroy the Israeli state. It is also a reminder that the friendship and partnership the United States has with Israel is one that must always be protected and enhanced. Israel must be able to count on the continued support of the United States and the American people as they endeavor to live in a democracy free from the threat of attack.

In just the first 3 months of 2011, terrorists have fired more than 150 mortars and rockets into Israel and murdered five members of an Israeli family in their West Bank home. More frightening, Israeli forces intercepted 50 tons of Iranian arms, including advanced anti-ship missiles and radar, 2,500 mortar rounds, and 67,000 AK-47 rounds destined for Hamas in Gaza. The acquisition of these kinds of weapons makes it clear that Palestinian terrorists do not intend to back down from their campaign of terror.

This violence against the Israeli people is aided by the tacit compliance of the Palestinian Authority, which thus far has not stepped up its anti-terrorism efforts to root out Hamas and other terrorist elements associated with the Fatah Party. Instead, the Palestinians are generally accepting of this continued violence, martyring those who kill innocent civilians. Recently, the terrorist Dalal Mughrabi, who killed 35 Israelis after hijacking a bus, had a town square named in his honor. This behavior—and general popular acceptance of terror—only encourages further violence.

We cannot allow this escalated level of violence to be dismissed as just more back and