HONORING CAPTAIN MARY R. McCORMICK

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Captain Mary R. McCormick, a proud veteran of our United States Navy, on her retirement after 26 years of service.

After graduating first in her class as an Ensign in the JAG Corps Student Program from the Navy Justice School in 1988, Captain McCormick was released from active duty on June 30, 1992 and soon was affiliated with the Select Reserves. Captain McCormick has impeccable knowledge concerning military and civilian appellate criminal law. She has represented servicemembers from all military branches during her six-year civilian military appellate practice, and she has served five years as appellate counsel.

Captain McCormick served as an Assistant Attorney General for the State of Colorado from October 1992 through June 1995 where she was lead appellate attorney. She was recalled to active duty from November 2010 through September 2013, to serve as Appellate Defense Counsel for Guantanamo detainees.

Captain McCormick was named Missouri's Elder Law Attorney of the Year for 2006 and she is author of the treatise Missouri Elder Law published annually by West/Thomson Reuters.

Mr. Speaker, I proudly ask you to join me in recognizing Captain Mary R. McCormick for her admirable service to our country as well as her passion for the law.

GLOBAL EFFORTS TO FIGHT EBOLA

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Mr. SMITH of New Jersey. Mr. Speaker, yesterday, I convened a second hearing in just five weeks on the Ebola crisis in West Africa to underscore just how serious a crisis we are facing—an international pandemic which threatens to balloon unless confronted head on.

Earlier this week, I spoke with Dr. Tom Frieden, Director of the U.S. Centers for Disease Control and Prevention and the lead witness at our August 7 emergency recess hearing on Ebola and he said that this is the worst health crisis he has ever seen and that Ebola is at risk of spreading beyond those countries currently affected—Guinea, Liberia and Sierra Leone.

Since our emergency hearing in August, we have seen a constant movement upwards in the number of cases predicted. The World Health Organization now estimates that we will see as many as 20,000 cases of Ebola in this epidemic before it is ended. One hopes that that number does not increase further, but it may be a conservative estimate.

I held yesterday's hearing to take stock of where our intervention efforts stand, particularly in light of the President's decision to commit U.S. military personnel to Liberia to fight this disease. Liberian President Ellen Johnson Sirleaf, with whom I also spoke earlier this week, has conceded that the Ebola epidemic ''has overwhelmed'' her country's containment and treatment capabilities. A global response, with the United States in the lead, is thus necessary.

It is important to note that in in a letter last week to President Obama, President Ellen Johnson Sirleaf wrote that ''The virus is spreading at an exponential rate and we have a limited time window to arrest it. Mr. President, well over 40% of total cases occurred in the last 18 days. Our message has gotten out and our citizens are self-reporting or bringing in their relatives. But our treatment centers are overwhelmed. MSF is now running a 160 bed-unit that will expand even further. I am being honest with you when I say that at this rate, we will never break the transmission chain and the virus will overwhelm us.''

I held the follow-up hearing yesterday morning to determine if there is a reasonable hope for vaccines, treatments and detection strategies in time to help with this health emergency.

I hesitate to provide figures for the number of people infected or who have succumbed to this virus because even as we hold this hearing, dozens, if not hundreds, of new infections will be documented. According to the latest figures, infections are approaching 5,000 people, and 2,500 deaths.

Ebola, which is mostly unknown in West Africa, presents itself early in the infection like usually non-fatal diseases such as Lassa fever, malaria or even the flu. The temperature seen in early stages might even be brought down with regular medicines. Therefore, many people may not believe, or may not want to believe, they have this often fatal disease.

If someone is in denial or unknowledgeable about this disease, they may not seek treatment until it is too late—both for them and for the people they unknowingly infect. Families in Africa tend to help one another in times of need, an admirable trait that unfortunately increases the risk of infection. The sicker a person gets with Ebola, the more contagious they are, and never more so than when they die. So burials that don't involve strict precautions to avoid direct contact with highly contagious corpses make transmission of this deadly disease almost inevitable. Burial traditions make avoidance of infection problematic.

The porous, lightly-monitored borders in West Africa lend themselves to cross-border transmission, as people go back and forth along well-travelled roads and into marketplaces where hundreds of people, also travelling, make contact with those who are infected.

Patrick Sawyer, a Liberian-American, reportedly was caring for his dying sister a few weeks ago. After she died, apparently of Ebola, he left Liberia on his way to his daughter's birthday party in Minnesota. He collapsed at the Lagos airport in Nigeria and died within days. Had he left Liberia a week or even days earlier, he might have made it home to Minnesota, but he likely would have infected people along the way, including his own family. We can say that because Sawyer infected several people in Nigeria, which led to Ebola being transmitted to health care workers and then to dozens of other people.

We'll never know now if Sawyer realized he had contracted Ebola and just wanted to go home for treatment or whether he thought his symptoms were from some other illness. Many people are just like him, however, and they are spreading this disease even to places where it had been brought under control. For example, the Macenta region of Guinea on the Liberian border was one of the first places this disease surfaced, but by early September, no new cases had been seen for weeks. Doctors Without Borders closed one of its Ebola treatment centers to focus on harder-hit areas. Infected people leaving Liberia for better treatment in Guinea have once again made Macenta a hotspot for the disease.

The U.S. Centers for Disease Control and Prevention has established teams in Guinea, Liberia, Sierra Leone and Nigeria to help local staff do fever detection and to administer questionnaires on potential troublesome contacts. The agency also is helping to establish sites at airports for further testing and/or treatment.

Liberia and Sierra Leone are the hardest hit by this Ebola outbreak. This is undoubtedly partly because of the weak infrastructures of two countries emerging from long conflicts. However, post-conflict countries also have significant segments of the population who don't trust the central government. The unfortunate mishandling by the Liberian government of an attempted quarantine in the capital demonstrates why trust has been so difficult to come by.

The Liberian government established barriers to block off the West Point slum area after a holding center for Ebola victims was ransacked and contaminated materials were taken. This quarantine was done without informing its 80,000 inhabitants or consulting with health care workers. Not only did this prevent people from pursuing their livelihoods or bringing in much-needed supplies, this move created great suspicions over the motives of the Liberian government. This suspicion was heightened when the official in charge of the area was called to a meeting and was seen leaving just as everyone else was trapped behind barriers.

The furor over this quarantine forced the government to abandon it 10 days into its planned 21-day term. Liberian officials assure us they have learned from their mistakes, that the quarantine and has alerted Liberians to the reality of the Ebola epidemic. The human rights of victims and those who live in proximity to them must not be sacrificed by the emergency situation Ebola presents.

Despite the fact that the drug ZMapp appears to have saved the lives of Americans Nancy Writebol and Dr. Kent Brantly, one of the witnesses from yesterday, there are no proven, readily available treatments for Ebola. The death rate for this disease, once more than 90%, is now down to 53% despite the number of cases growing exponentially.

In Africa, a few patients apparently have been successfully treated with ZMapp, and some others have been saved using other treatment methods, especially when the disease was identified early. Yet there is not now, nor will there be in the short term, large quantities of this medicine or any others. There are several Ebola therapeutics under development, but if this outbreak cannot be brought under control soon, even the most optimistic timetable for the testing and production

of these drugs will not be sufficient to meet the ever-expanding need.

ZMapp was used with the informed consent of those to whom it was given. But how can we guarantee that the many Ebola victims whose most likely salvation would be to use an experimental drug truly understand the risks of using a drug that has not been fully tested and vetted by the authorities in the country in which it is developed? No drug is 100% effective, so what will other victims think if some people die despite taking experimental treatments? We must protect the rights of those willing to take a chance on unproven treatment when they have no other alternatives.

Lack of faith in national and international systems fighting Ebola also has impeded the replacement of the many African health care workers who have died from this disease. For example, even before this Ebola outbreak, Liberia had fewer than two doctors for every 100,000 people. As of late August, 164 Liberian health care workers had contracted Ebola, and 78 had died.

African health care workers face an epidemic that threatens to defy control. The lack of diagnostic techniques and insufficient supplies of safety equipment have put these health care workers at extreme risk. These health workers know that the lack of treatment centers and medicines means that those on the front lines of this epidemic are most at risk. Some have asked for insurance for their families should they succumb to Ebola and certain evacuation for treatment outside the hot zone. These heroes deserve all the support we can muster.

Ebola not only challenges the collective ability of the world community to meet the demands it poses, it threatens the progress made over the last decade by African countries in overcoming conflict and improving economic development. Even after this outbreak is finally brought under control, its damage will be seen in lowered gross domestic product and diminished foreign investment.

So we must be prepared to create effective strategies to help affected African nations recover. A large part of any successful strategy will feature efforts to recreate and dramatically expand health care systems in West African and other countries on the continent. This epidemic has shown that we must not be complacent about weak governance or health care systems. To that end, Ranking Member BASS and I will soon introduce a bill to address the emergency and ongoing needs in the fight to contain the Ebola epidemic in West Africa.

We live in a world that is increasingly interconnected, and Ebola has demonstrated that our neighbor's problems can soon become our problems.

HONORING COLONEL CATHLEEN HARMS' SERVICE TO OUR COUNTRY

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Mr. ISRAEL. Mr. Speaker, today I rise to pay tribute to Colonel Cathleen Harms of Great Neck, New York, who on July 31, 2014 ended 38 years of military service, including 31 years of commissioned service and rejoins the Retired Reserves. Colonel Harms is also a retired Lieutenant in the New York City Police Department.

Colonel Harms began her military career as a dental hygienist. Her enlisted career with the Army National Guard spanned from March 12, 1976 until May 18, 1983. She began her career in the New York Army National Guard in 1976 when she received her Associate of Applied Science degree from the State University of New York at Farmingdale. In addition to serving as a dental hygienist she also served as a Platoon Sergeant in the 824th Medical Detachment.

She then earned a Bachelor's of Science degree in Public Health from Saint Joseph's College, Brooklyn, NY and Saint John's University, Jamaica, NY, being cross-enrolled in both schools for ROTC purposes. She was commissioned as a Second Lieutenant in the U.S. Army Reserve on May 19, 1983, earning the honor of Distinguished Military Graduate.

After commissioning, Colonel Harms completed the Army Medical Department Officer Basic Course. Her first assignment in the Medical Service Corps was as Administrative Officer, 824th Medical Detachment, New York Army National Guard, from May 1983 until May 1989. During this tour she attended the Army Medical Department Theater Medical Operation Course in 1985, was promoted to the rank of First Lieutenant on May 18, 1986, and promoted again to the rank of Captain on May 19, 1987. Her next assignment was as the Medical Regulating Officer, for the 244th Medical Group, New York Army National Guard from 1990 until 1993. During this time she served in both a National Guard Status and a Title 10 Active Duty Status and attended the Army Medical Department Officer Advanced Course and the Command and General Staff College Mobilization and Deployment Planning Course.

Colonel Harms' next assignment was as the Personnel Officer for the 244th Medical Group of the New York Army National Guard from September 1993 until June 1994, during which time she completed the Patient Administration Course as the Honor Graduate. She then served in the 244th as Patient Administration Officer from July 1994 until July 1997, and graduated from the Command and General Staff Course in 1995. In 1997 she completed the Defense Equal Opportunity Management Institute's (DEOMI) Equal Opportunity Advisor's Course in which she made the Commandant's list for academic achievement.

Her next assignment was as Detachment Commander, 53rd Troop Command New York Army National Guard from August 1997 until December 2000. She was promoted to Major, Army National Guard in October 6, 1997. During this period of command she also completed the National Guard Bureau Military Discrimination Complaint Investigator Course in 1998.

Colonel Harms' following assignment was as Equal Opportunity Advisor, 53rd Troop Command, New York Army National Guard, from January 2000 until August 2004. In 2001 she completed the DEOMI Mediation Course and in 2004 she completed the Army National Guard Facilitator Course. She was promoted to the rank of Lieutenant Colonel in the National Guard on April 8, 2003.

Colonel Harms returned to Active Duty in Title 10 status in August 2004 to the Office for the Administrative Review of the Detention of Enemy Combatants, Guantanamo Bay and Washington, D.C. She served in multiple billets including: Lead Recorder, Chief of Staff, Deputy Branch Chief, Tiger Team, Operations Officer, Special Liaison to Department of State, and Guantanamo Review Task Force Member. She was promoted to the rank of Colonel in the Army National Guard on May 12, 2008. During this assignment, in 2008, she also completed a Master of Arts in National Security and Strategic Studies from the U.S. Naval War College.

She next served at the Periodic Review Secretariat in Arlington, Virginia beginning in April 2012, where she served as the Deputy Director for Operations. She entered the Retired Reserves on July 31, 2013, but continued to serve on Retiree Recall orders until May 2014.

Colonel Harms' final uniformed assignment was at the Warrior Transition Unit at Fort Belvoir, VA, from June 2014 until July 2014.

Cathleen Harms also had a distinguished career in public service as a New York City Police Officer. She retired as a Lieutenant in the New York City Police Department. During her NYPD career, she held the ranks of Police Officer, Detective, Sergeant and Lieutenant. Her positions included Patrol Officer, Patrol Supervisor, Detective Investigator, Supervisor of Narcotics Investigations and Operations, Platoon Commander, and Integrity Control Lieutenant. She was trained and experienced in performing internal and external investigations, conducting interviews and interrogations, preparing and reviewing reports and investigative findings, conducting and supervising search warrants, developing and managing confidential informants, and reviewing and managing overtime budgets.

The distinctive accomplishments of Colonel Harms culminate a long and distinguished career in the service of her community and country and reflect great credit upon herself, the United States Army, and the Department of Defense.

Her Defense Superior Service Medal citation is attached to this submission.

DEFENSE SUPERIOR SERVICE MEDAL TO COLONEL CATHLEEN A. HARMS

Colonel Cathleen A. Harms, United States Army, distinguished herself by exceptionally superior service while serving in various positions of increased responsibility, culminating as Deputy Director for Operations, Periodic Review Secretariat (PRS), Arlington, VA, from August 2004 through May 2013. Under her expert guidance, over 1,150 cases were prepared for processes that determined enemy combatant status, the transfer, continued detention or release of detainees held at U.S. Naval Base Guantanamo Bay, Cuba. She managed the sensitive interface with foreign governments on their nationals' status and handled numerous requests from Congress, non-governmental organizations and the media. Colonel Harms participated in the Presidential Task Force under Executive Order 13492, which comprehensively reviewed 240 detainee cases. She was vital in the planning and execution of the transition from the Office for Administrative Review of the Detention of Enemy Combatants to the PRS per Executive Order 13567. Her outstanding leadership resulted in major contributions to national security and the success of the PRS and OARDEC missions in support of Operation ENDURING FREEDOM. The distinctive accomplishments of Colonel Harms culminated a long and distinguished