

often have impaired immune systems that are incapable of protecting them against life-threatening ailments, such as pneumonia and malaria. Adults who were stunted as children face increased risk of developing chronic diseases, such as diabetes, hypertension, and heart disease. Mothers who were malnourished as girls are 40% more likely to die during childbirth, experience debilitating complications like obstetric fistula, and deliver children who perish before reaching age five.

We must take a holistic, mother-and-child approach to the problem.

By helping women throughout pregnancy receive adequate nutrition and supplemental micronutrients—such as iodine, Vitamin A, and folic acid—and ensuring that they are well-fed while nursing, both children and mothers thrive.

In addition to addressing undernutrition, there are a number of other interventions that can make an impact. About 44% of all under-five deaths occur within the first month of life, during the neonatal period. Among newborns the greatest threats to survival are prematurity and failure to breathe at birth, known as birth asphyxia. Following the neonatal period through the first five years of life, child survival is imperiled primarily by pneumonia and diarrhea.

The solutions are often readily at hand. Most neonatal deaths can be prevented at little to no expense with neonatal resuscitation, prompt administration of antibiotics, and nutrition supplementation. Inexpensive interventions like oral rehydration salts (ORS), which cost \$0.05–\$0.10 per dose, are also effective in curbing diarrheal deaths.

Nor must we ever pit the survival of the child against that of the mother, as both are complementary objectives. Curbing child mortality in the womb and at birth also goes hand-in-hand with reducing maternal mortality.

Best practices to radically reduce maternal mortality can and must be life-affirming—protecting from harm both patients, the mother and the child in the womb. Of course, we have known for more than 60 years what actually saves women's lives: skilled birth attendants, treatment to stop hemorrhages, access to safe blood, emergency obstetric care, antibiotics, repair of fistulas, adequate nutrition, and pre- and post-natal care.

Political will is absolutely essential to address this problem and to make sure it is adequately resourced. It is one thing that I hope this hearing will bring to light, that such interventions in the first 1000 days of life is not only morally imperative but also cost effective.

One group of Nobel Laureate economic experts ranked efforts to address undernutrition as the single most cost-effective investment in foreign aid. The economists concluded that each dollar spent on reducing undernutrition could yield a \$30 benefit.

One other thing I hope this hearing will highlight is the importance of Faith Based Organizations in fighting this battle, and to underscore the need for our aid programs to work with such organizations. We will hear from representatives from two such organizations, Food for the Hungry and World Vision, to discuss their insights.

Faith Based Organizations play an absolutely critical role in places such as Africa, which one can say is a Faith Based Continent. Matthew 25—"when I was hungry, you gave me food, when I was thirsty, you gave me

drink, when I was naked, you clothed me"—inspires these and other great organizations such as Catholic Relief Services, just as it inspires the work of this subcommittee.

For example, in 2004, along with my colleague on the Foreign Affairs Committee, ILEANA ROS-LEHTINEN, I sponsored an obstetric fistula resolution, seeking to address one debilitating factor that wreaks havoc on the lives of mothers and their children. The following year I was able to amend the Foreign Relations Authorization Act to fund twelve centers in the developing world to treat and prevent obstetric fistula, as well as to provide funding for skilled-birth attendants. Importantly, I was also able to remove restrictive language from the original bill that would have prohibited faith-based hospitals in the developing world from receiving funding. Again, I must stress, that it is these faith based organizations that are doing yeoman's work on the ground to address child and mother mortality, and they must be supported.

In this Congress I introduced H.R. 3525, the International Hydrocephalus Treatment and Training Act. Hydrocephalus, or "water on the brain," is a disease which affects three to five out of every 1000 newborns in developing countries, who are either born with it or acquire it due to neonatal infections in the first few months of life. For such children, it is often a death sentence. Doctors—assuming there is even a doctor around—often do not know how to treat it.

Moreover, if they do treat and use the traditional surgical procedure which requires the life-long use of a shunt, such shunts often become infected, leading to death a few years later.

Our bill would train doctors in Africa in a new and proven technique which does not require a shunt and is effective in at least two thirds of the cases of infants with hydrocephalus. It is ideally suited to conditions in the developing world. The amount required to make a difference in the lives of these children and their parents is relatively little—an estimated \$15 million over 5 years. I invite my colleagues who are present here to join in co-sponsoring this legislation, as one way to address the problem of child mortality.

Initiatives such as these are ones which should gather support across the political aisle—they are life-affirming, and can save the life of both mother and child. We have common ground here.

By addressing health during the first 1000 days of life, beginning at conception, we help ensure that over the next 25,000 days—or whatever the number is that our Creator has allotted—our brothers and sisters the world over can best reach their potential, leading fulfilled lives of health, vigor, and dignity.

#### UKRAINE SUPPORT ACT

SPEECH OF

**HON. BILL PASCRELL, JR.**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 27, 2014

Mr. PASCRELL. Mr. Speaker, I rise today in support of H.R. 4278, the Ukraine Support Act.

This bill will send an important signal to the Ukrainian people that the United States of

America will stand by them as they resist Russia's aggression. This is not just a symbolic gesture on our part. In addition to the condemnation of Russia's actions through targeted sanctions, this vital legislation provides assistance to stabilize Ukraine's economy and to support important anti-corruption initiatives.

As a great nation of over 45 million people and a breadbasket for Europe and the world, Ukraine has the potential to be a true economic powerhouse. But decades of mismanagement and corruption at the highest levels have stifled Ukraine's economic growth and military readiness.

This weakness has allowed Russia to bully its way into Ukraine's internal affairs—culminating in the recent invasion and annexation of Crimea. Although the world has condemning this illegal land grab, Russian actions continue to threaten Ukraine's prosperity and territorial integrity.

Our support is vital to ensuring that Ukraine has the ability to defend its sovereignty and strengthen its democracy in order to resist external coercion. By extending a hand to Ukraine, we give them the opportunity to shake off Russia's influence once and for all. The people of Ukraine, as well as Ukrainian Americans in New Jersey and around the nation, want the United States to hold true to our values by standing shoulder-to-shoulder with Ukraine in her time of great need.

I am grateful that we can come together on a bipartisan basis to quickly bring forward this much-needed legislation. It is high time that we solidified our commitment to Ukraine. Much more remains to be done, but this bill is a step in the right direction. I urge my colleagues to support it.

IN RECOGNITION OF VICKI  
KALABOKES FOR RAISING  
AWARENESS OF ALOPECIA  
AREATA

**HON. JACKIE SPEIER**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 28, 2014

Ms. SPEIER. Mr. Speaker, I rise today to raise awareness of alopecia areata and the contributions of devoted individuals working to improve the lives of patients affected by this condition.

I am proud to represent the foremost organizations working exclusively to better the lives of individuals and families affected by alopecia areata, the National Alopecia Areata Foundation. President and Chief Executive Officer Vicki Kalabokes recently announced that she will be stepping down after 27 years of service at the foundation. Her leadership in the field will be missed and I congratulate her on behalf of the alopecia areata community as well as the dermatology and autoimmune disease communities for an impressive, productive and meaningful career.

Ms. Kalabokes has been both a scientific resource for medical experts at the National Institutes of Health and a compassionate champion for children struggling with the impact of alopecia areata. Her dedication led to the establishment of the Alopecia Areata Treatment Development Program, which should generate some of the first Food and Drug Administration-indicated treatment options for the community. While there is a still a great distance

to go before a cure is discovered, Ms. Kalabokes should be acknowledged for how far she has advanced this effort.

The foundation's research program is committed to piecing together the puzzle presented by alopecia areata. Part of NAAF's mission is to encourage research in alopecia areata, striving to find a cure or acceptable treatment. NAAF accomplishes the research mission by funding an acclaimed research grant program, and seeking out investigators worldwide in the areas of genetics, immunology and clinical research.

Under Ms. Kalaboke's leadership, NAAF has been at the forefront of many fruitful studies that yielded answers to some of the largest questions surrounding the autoimmune disease. The organization's commitment to continuing this search until all of the questions about alopecia areata are answered and the mechanisms of this disease are clearly understood is an inspiration to those who struggle with the condition.

Ms. Kalabokes' helped to transform the foundation from a small national support group into an international research, support and

awareness organization. She is leaving the foundation in the most sound financial condition in its history.

After 27 years, Ms. Kalabokes is ready to leave her stable NAAF family to be with her growing personal family.

I rise today to honor the accomplishments of Vicki Kalabokes and to call attention to the need to continue to advance research in the area of alopecia areata and to improve patient care.