CHRISTOPHER H. SMITH
4TH DISTRICT, NEW JERSEY

CONSTITUENT SERVICE CENTERS:

MONMOUTH
112 Village Center Drive
Freehold, NJ 07728–2510
(732) 780–3035

OCEAN
405 Route 539
Plumsted, NJ 08514–2303
(609) 286–2571; (732) 350–2300

MERCER
4573 South Broad Street
Hamilton, NJ 08620–2215
(609) 585–7878

2373 Rayburn House Office Building
Washington, DC 20515–3004
(202) 225–3765

http://chrissmith.house.gov

Congress of the United States
House of Representatives

SENIOR MEMBER, **FOREIGN AFFAIRS** COMMITTEE

CHAIRMAN, **AFRICA, GLOBAL HEALTH, GLOBAL HUMAN RIGHTS, AND INTERNATIONAL ORGANIZATIONS** SUBCOMMITTEE

WESTERN HEMISPHERE SUBCOMMITTEE

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"The Growing Threat of Cholera
And Other Diseases in the Middle East"
Subcommittee on Africa, Global Health,
Global Human Rights and Int'l Organizations
Rep. Chris Smith, Chairman
March 2, 2016

During the last several years, conflicts in the Middle East have cost the lives of hundreds of thousands of people. It is estimated that more than 300,000 people have been killed due to the fighting in Syria since 2011. During that same period, more than 30,000 people have died in Iraq. In Yemen, more than 5,000 have died in a series of conflicts since 2009.

As a result of conflicts in these countries, as well as the influx of refugees from conflict zones into surrounding countries such as Turkey, Jordan and Lebanon, many of those who die are the victim of disease.

Almost 17 million people in the region are in need of humanitarian assistance, including roughly four million refugees who have fled their countries and an additional 13 million people who have left their homes but are internally displaced within their countries.

Today's hearing will examine the scope of the cholera and other disease threats to determine what can and should be done to control it and minimize their spread beyond the Middle East.

The World Health Organization reported the spread of a cholera epidemic that first began in Iraq in 2007 that crossed over into Iran, Syria and is considered the region's greatest, although not only, health threat. These threats are worsened by the targeting of health workers in Syria and an Islamic State that has no experience and little interest in providing social services. Thus, cholera and other diseases are untreated, often unreported and pose a significant health threat in the region due to poor sanitation and overcrowding in areas such as refugee camps.

Cholera is an acute diarrheal disease that can cause death within hours if left untreated. Roughly 80% of those who contract the disease do not develop symptoms, leaving some uncertainty about precisely how many people contract the disease annually. Scientists estimate that between 1.4 and 4.3 million people contract cholera annually, of whom 28,000 to 142,000 die. Cholera bacteria are present in the feces of infected people for one to ten days after infection and can be spread to others if they ingest food or water that is contaminated with their fecal matter. The spread of cholera is mostly facilitated by inadequate water and sanitation management and outbreaks are common in areas where basic infrastructure is unavailable, such as urban slums and camps for internally displaced persons (IDPs) and refugees.

As devastating as this cholera epidemic has been and can be going forward, we must also remember the MERS epidemic of three years ago. The Middle East Respiratory Syndrome, or MERS, is a respiratory illness. It is caused by a virus called Middle East Respiratory Syndrome Coronavirus, or MERS-CoV. This virus

was first reported in 2012 in Saudi Arabia. It is different from any other coronaviruses that have been found in people before.

MERS-CoV, like other coronaviruses, is thought to spread from an infected person's respiratory secretions, such as through coughing. However, the precise ways the virus spreads are not currently well understood. MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person. Infected people have spread MERS-CoV to others in even in healthcare settings, such as hospitals. This transmission pattern is more likely when medical facilities and health workers are in short supply.

The conflicts and political crises in the Middle East have brought anguish, suffering, and severe declines in health to people throughout the region. The most catastrophic case by far is Syria, where more than a million people have experienced traumatic injuries, once-rare infectious diseases have returned, chronic disease goes untreated, and the health system has collapsed. In Yemen, Libya, Gaza, and Iraq as well, violence has limited access to health care and grievously harmed the population.

According to Physicians for Human Rights last summer, at least 633 medical personnel had been killed and more than 270 illegal attacks on 202 separate medical facilities had taken place since March 2011 in Syria. Of the attacks on medical facilities, at least 51, or 19 percent, reportedly were carried out with barrel bombs. Almost all the assaults were inflicted by the regime of President Bashar al-Assad.

In the Middle East, threats against as well as arrests and intimidation of health workers extends beyond armed conflict to situations of political volatility,

as evident in Bahrain, Egypt, and Turkey. In most of these cases, doctors and nurses who treat victims of violence are, by the very act of providing treatment, deemed guilty of anti-government activities. In Bahrain, almost 100 doctors and nurses were arrested and 48 originally charged with felonies for having offered medical care to wounded people in the wake of the 2011 Arab Spring uprising.

Cholera can be treated and its spread can be prevented, but diseases such as MERS pose a danger of spreading beyond the region. However, beyond the global health implications, we must consider the compounded suffering of people in the Middle East. Not only are they often in threat of violence through no fault of their own but they face preventable, treatable diseases that have gotten out of control due to conflicts.

Our panel today is comprised of health experts who will help us think through the health challenges our government faces in considering how to provide the most effective assistance to people in the Middle East. The two keys to success are: remain vigilant and sustain commitment. Our hearing today is intended to demonstrate our vigilance and commitment to addressing this situation.