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## **Meeting the Challenges of Global Brain Health: Diagnosis and Treatment for the 21<sup>st</sup> Century**

*Opening Remarks by Rep. Chris Smith (R-NJ)  
Subcommittee on Global Health,  
Global Human Rights and International Organizations  
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This hearing of the Subcommittee on Global Health, Global Human Rights, and International Organizations will come to order.

Today, we turn our attention to the vitally important issue of global brain health—with a specific focus on Alzheimer’s disease, autism spectrum disorders, and hydrocephalus.

Global brain health is critically neglected. The United States is a leader in health assistance globally, and our foreign assistance has saved millions of lives through programs that target HIV/AIDS, malaria, and tuberculosis, among other infectious diseases.

But comparatively, brain health is overlooked and misunderstood. A major new study shows more than 3 billion people worldwide live with a neurological condition. Neurological conditions are the leading cause of poor health and disability globally.

As life expectancy grows and health care costs rise, policymakers must consider the looming health crisis of brain diseases and disorders—especially in low- and middle-income countries.

I have introduced my bill, the Global Brain Health Act, three Congresses in a row, but it has yet to pass into law.

Take Alzheimer’s disease. Alzheimer’s is the most common form of dementia, usually affecting persons aged 60 and older. It is degenerative, irreversible, and terminal disease that

progressively corrodes the brain's memory, thinking, and reasoning skills. Currently, over 55 million people around the world live with a form of dementia, and 60% of those are in developing countries.

With life expectancy on the rise, a tsunami of Alzheimer's cases is on the global horizon. In 2011, when I chaired the very first congressional hearing on the topic of the global crisis of Alzheimer's disease, projections estimated that 80 million people would have Alzheimer's or another form of dementia by 2050. In 2017, the projection was revised to 115 million.

Today, Alzheimer's Disease International estimates 139 million cases of dementia by 2050. Things are getting worse—not better.

This increase will be felt more drastically in the low-and middle-income countries, as populations grow rapidly and life expectancies lengthen. One recent study found that dementia cases in sub-Saharan Africa will grow by over 300%.

Low- and middle-income countries will struggle to manage this health challenge—due to a small and untrained health workforce and inadequate and inaccessible care.

Little public awareness and health professional training on the signs and symptoms of Alzheimer's poses a challenge. A global study by Alzheimer's Disease International found that over two-thirds of people incorrectly think that Alzheimer's and other forms of dementia are just normal parts of aging.

As the co-founder and co-chair of the Congressional Alzheimer's Task Force, I have maintained for over a decade that administrations of both parties must pay much more attention to this mounting crisis.

I am also the co-chair of the Congressional Autism Caucus. In 2005, I authored and passed the Autism Collaboration, Accountability, Research, Education, and Support (or CARES) Act, which is the primary source of federal funding for autism research. The House passed my enhancement and reauthorization of the bill on an overwhelmingly bipartisan basis in September, and I call on the Senate to take up and send the bill to the President's desk before the start of the new Congress.

About 1 in 100 children around the world has autism, a spectrum disorder marked by degrees of difficulty with social interaction and communication. While research and care for autism has improved in wealthier countries such as the United States, it is seriously neglected in much of the developing world.

For many in living in low- and middle-income countries, care is often inaccessible or unaffordable. This is partly a result of a severe shortage of trained health professionals.

Moreover, those with autism and their families are often socially isolated and stigmatized. Some communities attribute autism to witchcraft.

The United States could play a vital role in supporting developing countries in addressing autism spectrum disorders, by raising awareness, developing culturally appropriate screening tools, and training parents, teachers, and healthcare professionals on interventions to improve the lives of individuals with autism.

Last Congress I introduced the Global Autism Act, which would establish a program within the U.S. Agency for International Development. I intend to update and reintroduce this bill in the next Congress. Individuals with autism deserve our support to live healthy, empowered lives.

Finally, our third topic of discussion will be hydrocephalus. Hydrocephalus is a condition where fluid buildup in the brain leads to swelling of the head and serious brain damage, and often ends in death.

Hydrocephalus is a tragically common childhood condition. There are nearly half a million cases annually. The most precious gifts in our society—our infants and young children—are the most vulnerable when it comes to hydrocephalus. Yet, this condition also affects our elderly.

Once again, hydrocephalus plagues infants in developing countries more acutely than in the developed world, not just in terms of greater prevalence but also due to a heartbreaking absence of treatment.

In the United States, common causes of infant hydrocephalus include brain hemorrhages in prematurely born infants, congenital obstructions of brain fluid pathways, or spina bifida. In developing countries, neonatal infection is the more common cause of hydrocephalus. Weak healthcare systems mean that hydrocephalus is often fatal. When it isn't fatal, it leaves infants disfigured, sickly, and often ostracized.

In East Africa, there is a patient to neurosurgeon ratio of 10 million to 1. For those seeking care, many have to travel for hours or even days to reach a health facility that then provides a referral to a neuro specialist.

To treat hydrocephalic infants and to avoid permanent damage, surgery is required—making training pediatric neurosurgeons in developing countries a top priority.

As co-chair of the Hydrocephalus Caucus I have consistently worked with my colleagues on a bipartisan basis to bring attention to this preventable and treatable medical condition.

What is the United States government doing to address the issue of global brain health? How can USAID leverage existing global health programs to tackle these growing medical challenges? And what are other partner countries and donors doing to fund work into brain

health diagnosis and treatment globally? These are questions we hope to answer at this hearing today.

Now let me thank our witnesses for being here today and sharing their knowledge with the Committee. Three of our four distinguished witnesses have testified before the Committee previously.

Dr. Gladys Maestre, Dr. Andy Shih, and Dr. Benjamin Warf possess great expertise and in-the-field experience regarding Alzheimer's, autism, and hydrocephalus treatment and advocacy. They are experts in their fields and humanitarians that do admirable and inspiring work. Thank you very much for being here.

I also would like to thank our witness from the minority, Dr. Yashodhara Rana, who is the Associate Director of Research at the Eleanor Crook Foundation, for being here and sharing her expertise with the Committee.

I now recognize RM Susan Wild for her opening remarks.