

a sophomore at Woodcrest Christian High School but she is already establishing herself as a promising scientist. Otana is the Region IX recipient of the 2007 President's Environmental Youth Award (PEYA) for a science project titled "Indoor Air Pollution: The Pulmonary Effects of Ozone-Generating Air Purifiers."

Young people from around the country are invited annually to participate in the PEYA program, which is aimed at encouraging individuals, school classes, summer camps, youth organizations and public interest groups to promote environmental awareness and encourage positive community involvement. One award is given for each of the Environmental Protection Agency's 10 regions. (EPA Region 9 includes California, Arizona, Nevada, Hawaii.) On April 17, 2008, President Bush presented the award to Otana at a White House Ceremony.

Ms. Jakpor decided to focus her project on indoor pollution after she read a Consumer Reports article titled "New Concerns about Ionizing Air Cleaners." The article reported that certain models of ionizing air cleaners emit high amounts of ozone, but it did not include any research data. Otana's findings indicated that indoor air purifiers, neck air purifiers and ionizers emit high amounts of ozone, one result was 15 times higher than the level of a State 3 smog alert.

Ms. Jakpor's findings were significant and on September 27, 2007, she presented them to the California Air Resources Board at a hearing on indoor air purifier pollution. The Board voted to adopt a regulation to limit ozone emissions from air purifiers to less than 0.050 parts per million, and now California is the first state in the nation to regulate ozone generators.

Recognition for her scientific achievements are not new to Otana, she has received the NAACP Los Angeles ACT-SO Competition Gold medal in Medicine; eight awards from the RIMS Inland Science and Engineering Fair for both her freshman and sophomore projects; and fourth place award in the Pharmacology/Toxicology Category in the Senior Division for her research on ozone at the California State Science Fair. She is a spokesperson for the American Lung Association and has appeared on the Discovery Channel.

Ms. Jakpor is first in her class at an excellent and competitive school and has a 4.33 Grade Point Average. It is an honor to recognize Otana for all her achievements at such a young age. I commend Ms. Jakpor for her hard work, commitment and outstanding educational achievements. I have no doubt she will continue to contribute to the science community and look forward to hearing about the incredible discoveries of Otana Jakpor in the years to come.

RECOGNITION FOR THE YOUGH
COUGAR ROCKETRY TEAM

HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 14, 2008

Mr. MURTHA. Madam Speaker, I want to take this opportunity to congratulate the Yough Cougar Rocketry team from Yough High School in Herminie, Pennsylvania. The Cougar

Rocketry was the only team from the Commonwealth of Pennsylvania chosen to participate in the 2008 NASA Student Launch Initiative and is one of only eighteen teams selected nationally. The team was also selected in 2007.

NASA describes the Student Launch Initiative as a program which "involves middle and high school students in designing, building and testing reusable rockets with associated scientific payloads." The program allows students to demonstrate their design's proof-of-concept and allows them to apply previously abstract concepts to hands-on work. Each team works to build a vehicle that is to reach an altitude of one mile above ground level. The finale of each team's work ends with a launch at Marshall Space Flight Center.

Madam Speaker, the members of the Yough Cougar Rocketry team, whom I would like to personally recognize, include Ms. Stephanie Abbott, Ms. Amy Bickerstaff, Ms. Alicia Bowser, Mr. Josh Sarosinski, and Ms. Ashley Wiley. Mr. Donald Gilbert, Jr. is the team's teacher and advisor and Mr. Eric Haberman is the team's mentor from Westinghouse Corporation. I commend them all for their tremendous work.

SUPPORTING FUNDING TO REDUCE
THE MATERNAL MORTALITY
RATE THROUGHOUT THE WORLD

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 14, 2008

Ms. SCHAKOWSKY. Madam Speaker, every minute a woman somewhere in the world dies of pregnancy-related causes. This staggering fact is not a failure of science but rather a failure of conscience. The United States possesses the medical knowledge necessary to drastically reduce the number of women killed during pregnancy each year. What we lack is a commitment by our Government to make certain that medical resources are readily available to women throughout the world.

The United States can and most do more. To demonstrate just how attainable this goal is, I would like to bring my colleagues' attention to an interesting and inspiring piece published in *The Washington Post* on Sunday, May 11, that highlights the efforts of two remarkable individuals to address maternal mortality rates in Haiti. Working closely with the Haitian government, Paul Farmer, Ophelia Dahl, and their nonprofit organization Partners in Health, have succeeded in reducing the maternal mortality rate in Haiti to less than half what it was a quarter-century ago. I hope that this piece will not only serve as a reminder of the tremendous opportunity we have to save the lives of hundreds of thousands of pregnant women all over the world.

KEEPING NEW MOTHERS ALIVE—IN HAITI AND RWANDA, REDUCING TRAGEDY IN CHILDBIRTH

(By Paul Farmer and Ophelia Dahl)

"Obscene" is still the word that comes to mind when we think of maternal mortality—and it has been almost 25 years since we first witnessed death in childbirth. In 1983, as students in one of central Haiti's fetid clinics, we prepared to celebrate a birth. Although we'd just met the young woman about to be-

come a mother, her desperate expression as she began to hemorrhage haunts us still. National statistics could have predicted the outcome: A 1985 survey pegged Haitian maternal mortality at 1,400 deaths per 100,000 live births. By comparison, maternal mortality in the United States last year was 14 deaths per 100,000 live births.

Worldwide, 500,000 women die in childbirth every year; more than 90 percent live in Africa or Asia, and almost all are poor by any standard. Obscene though it is, death during childbirth isn't the end of the story. In the world's poorest areas, many orphaned children wind up destitute and on the streets within a few years of their mothers' deaths, sometimes resorting to desperate or criminal measures for food, shelter, clothes or school fees.

One of the 12 Millennium Development Goals is to reduce maternal mortality 75 percent by the year 2015. But we are moving too slowly to meet this goal, the United Nations says.

Today, the maternal mortality rate in Haiti is less than half what it was a quarter-century ago. Across the broad swath of central Haiti where we work, we estimate the number to be well below 100 deaths per 100,000 live births—not good enough but a vast improvement, most of it occurring in the past decade. Change came largely for three reasons.

First, our nonprofit organization, Partners in Health, has worked closely with the Haitian Ministry of Health to strengthen public health infrastructure. We have rebuilt, equipped, staffed and stocked hospitals and clinics; trained nurse-midwives and other personnel, including more than a thousand community health workers; linked villages and health centers to district hospitals by modern telecommunications and ambulance service; and established modern surgical services for obstetrical emergencies.

Second, we have broken the rule that high-quality health services are a privilege rationed by ability to pay, not a right. The case was made first for affordable medicines. Now it is being made for emergency Caesarean sections—an essential tool to reduce maternal mortality. Faced with evidence that maternal mortality was greater where fees were higher, the district health commissioner for central Haiti announced last August that all prenatal care and emergency obstetrical services would henceforth be available free to all patients. He was later echoed by Haitian President René Préval.

Third, we have linked prenatal and obstetric care to an all-out effort to improve access to primary health care. The presence of functional, accessible public clinics and hospitals restores faith in the health system, motivates people to seek care before they are critically ill and allows for preventive interventions such as prenatal care and family planning. Consider Rwanda, another country where we work, which is rising rapidly from its ashes scarcely a dozen years after an appalling genocide. Rwandan maternal mortality rates in 1995, the year after the genocide, are unknown. But they are sure to have exceeded the 1,800 deaths per 100,000 live births reported that year in relatively peaceful Malawi. The situation has improved dramatically since then.

By helping to train and, importantly, pay community health workers, the Rwandan Ministry of Health is taking steps to link rural villages to health centers with the capacity to make routine labor safe. Rwanda is also seeking to make family planning available to citizens and to increase access to preventive and primary care through basic health insurance. Maternal mortality has dropped from more than 1,000 deaths per 100,000 live births between 1995 and 2000 to