



**Helen Keller**  
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**STATEMENT BY WENDY D. LEE**  
**MEMBER, BOARD OF TRUSTEES, HELEN KELLER INTERNATIONAL**  
**SUBCOMMITTEE ON STATE, FOREIGN OPERATIONS,**  
**AND RELATED PROGRAMS**  
**COMMITTEE ON APPROPRIATIONS**  
**U.S. HOUSE OF REPRESENTATIVES**  
**MARCH 29, 2011**

Wendy D. Lee  
Member of Board of Trustees  
Helen Keller International

Madam Chairwoman,

I am a volunteer member of the Board of Trustees of Helen Keller International, and it is a pleasure to provide testimony for the Subcommittee. I urge the Subcommittee to recommend in fiscal year 2012 at least \$2 million for blind children; \$100 million for Neglected Tropical Diseases; \$150 million for nutrition including at least \$25 million for vitamin A; and the use of funding under accounts for HIV/AIDS to ensure adequate food and nutrition for people with HIV/AIDS. I also urge you to support at least the requested level of \$849 million for Child Survival and Maternal Health.

Headquartered in the United States, Helen Keller International (HKI) currently offers programs in 22 countries: 13 in Africa, 8 in Asia and the United States. Co-founded in 1915 by the deaf-blind crusader Helen Keller, HKI is a leading nonprofit organization dedicated to preventing blindness and reducing malnutrition worldwide. Our programs serve tens of millions of vulnerable people each year. But the need is still great to do more.

I have had the privilege of visiting our programs in the field and have seen first-hand the incredible and life-changing impact that HKI makes in the lives of individuals and communities. When I was in Cambodia, I was particularly struck by our Homestead Food Production program which not only provided families with nutrient-rich food, but also the opportunity to sell extra produce and make some desperately needed income for the household. And, all the farmers were women!

### **BLIND CHILDREN**

One child goes blind every minute. Throughout their lives, blind children in developing countries must depend completely upon their families and government health systems. Blind

children are often neglected and rarely receive opportunities to attend school or develop the skills needed to become independent, productive members of society. For a majority of these children, this need not occur. Cost-effective, proven strategies are available to help prevent and treat vision loss in children.

This House Subcommittee initiated a program for blind children in developing countries. In partnership with the U.S. Agency for International Development (USAID), the program continues to address the major causes of childhood blindness and low vision. USAID has requested \$ 2 million for this program for fiscal year 2012.

Helen Keller International addresses the needs of children who are legally blind or have very poor vision – or who are at risk for these conditions. HKI's ChildSight® program offers free vision screenings to children within the school setting as well as free prescription eyeglasses to those who need them.

I urge the Subcommittee to continue the Blind Children funding at a level of at least \$2 million for fiscal year 2012.

### **VITAMIN A DEFICIENCY**

It is estimated that every year 670,000 children will die from vitamin A deficiency (VAD), and 350,000 children will go blind. Vitamin A is essential for growth, eye health, cognitive development and immune system function. In fact, it is a key determinant of maternal and child survival. Providing vitamin A to children between six months and five years of age reduces mortality by an average of 23%-34%, and helps prevent blindness and vision impairment.

HKI's programs to address vitamin A deficiency are known for their efficiency and success in reaching large numbers of children. With the support of USAID, HKI has become a recognized leader in distributing vitamin A capsules to mothers and children in countries across the world.

Vitamin A supplementation is a cost-effective public health intervention. At a cost of approximately \$1 per child per year, it takes just two high-dosage vitamin A capsules to prevent vitamin A-related blindness and improve a child's chance of survival.

HKI has made significant progress in increasing the availability of vitamin A through other strategies, such as Homestead Food Production programs, which teach families to cultivate fruits, vegetables and animal sources rich in vitamin A; and food fortification, such as adding vitamin A to cooking oil, an approach that has the potential to improve the health status of millions.

I urge the Subcommittee to provide at least the \$150 million requested by the Administration for nutrition, with at least \$25 million for vitamin A for fiscal year 2012.

### **NEGLECTED TROPICAL DISEASES**

Neglected tropical diseases inflict severe economic, psychosocial and physical damage on the poorest populations in the developing world. The USAID Neglected Tropical Diseases (NTD) program has demonstrated how an integrated approach to addressing tropical diseases can be successful in improving the lives of approximately one billion people worldwide affected by these diseases.

Helen Keller International supports addressing all of the diseases in the current targeted program for NTDs, including lymphatic filariasis (elephantiasis); schistosomiasis (snail fever); trachoma; onchocerciasis (river blindness); and soil-transmitted helminthes (hookworm, roundworm, and whipworm).

For decades, Helen Keller International has been a recognized leader in addressing blinding trachoma and onchocerciasis. Recently, HKI has had considerable success in efforts to combat anemia through interventions that control soil-transmitted helminthes, as well as integrating lymphatic filariasis treatment into onchocerciasis control programs.

Trachoma is the leading cause of preventable blindness worldwide and is endemic in 57 countries, with nearly 70% of the afflicted in Africa. Globally, more than 8 million people are threatened with becoming irreversibly blind from the disease and almost 50 million are in need of treatment. HKI supports the provision of sight-saving surgeries for thousands of individuals suffering from trichiasis (the blinding phase of the disease) in Africa and works with its local partners to consistently improve surgical quality and patient outcomes.

Soil-transmitted helminthes are estimated to infect one billion people worldwide. These chronic, disabling and often disfiguring infections contribute to a downward cycle of poverty and deprivation. Since school children bear the highest infection loads, Helen Keller International implements school-based de-worming programs that have an enormous positive impact on the community.

Critical support for these programs is provided through corporate donations of the drugs that prevent and treat these diseases, including from GlaxoSmithKline (albendazole), Merck & Co., Inc., (ivermectin) and Pfizer Inc. (zithromax).

I urge the Subcommittee to recommend at least the \$100 million requested by the Administration for Neglected Tropical Diseases in fiscal year 2012.

### **HIV/AIDS, MICRONUTRIENTS AND NUTRITION**

Nutrition plays an important part in maintaining a quality of life for people with HIV/AIDS and there is increasing evidence that lack of food and nutrition security for these individuals diminishes the effectiveness of other prevention, care and treatment strategies. Adequate nutrition – not just food, but food with essential vitamins and minerals – is a key component of care and treatment of people with HIV/AIDS.

HKI completed a pilot project in Cambodia that demonstrated its Homestead Food Production program can be effectively tailored to meet the nutritional needs of people living with

HIV/AIDS. Based on this evidence and our experience, I urge the committee to support the use of HIV/AIDS accounts to be used for programs that address the development and implementation of nutrition support, guidelines, and care services for people living with HIV/AIDS.

### **FOOD SECURITY AND NUTRITION**

Investments in food security and agriculture programs that explicitly focus on improving nutrition in vulnerable populations through access to and utilization of nutritious foods (those that contain adequate levels of vitamins and minerals) can produce long-term gains in child survival, health improvements, income enhancement, poverty reduction, and broad-based economic growth.

I urge the Subcommittee to support a food security and agricultural strategy which includes improvements in nutrition, including micronutrients, as central objectives and puts the focus on supporting small-holder families, particularly women farmers, and other vulnerable populations.

### **CHILD SURVIVAL AND MATERNAL HEALTH:**

Each year, nearly 8.1 million children die before their fifth birthday. Maternal and child undernutrition is an underlying cause in one third of these deaths, and continues to be a cause and consequence of diseases and disability in the children who survive.

I urge the Subcommittee to recommend at least the Administration's requested funding of \$849 million for Child Survival and Maternal Health in fiscal year 2012.

### **CONCLUSION**

Over the years, HKP's partnership with USAID has accomplished a great deal, saving the sight and lives of millions. Today, we are more determined than ever to accomplish even more on behalf of children and adults in developing countries.

Helen Keller may have said it the best, "*Although the world is full of suffering, it is also full of the overcoming of it.*" Thank you for your consideration.