

*U.S. House Committee on Foreign Affairs
Subcommittee on Africa, Global Health and Human Rights*

“Hydrocephalus Treatment in Uganda: Leading the Way to Help Children”

Prepared Statement by
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Tuesday, August 2, 2011

Chairman Smith and Congressman Payne, thank you for inviting me to discuss the problem of hydrocephalus in the developing world and what CURE International is doing to heal children suffering from this devastating condition. It's an honor to be here with Drs. Warf and Schiff -- who have contributed enormously to the understanding of this condition, and innovative new treatment techniques which make possible the healing of infants in the world's poorest countries.

Fifteen years ago as the first Executive Director of the first CURE International hospital in Kenya, I opened and then ran that hospital for a number of years. I now serve as Senior Vice President of Specialty Programs for CURE International, an American-based non-profit. Our mission is to heal disabled children. We operate hospitals throughout the developing world, from Afghanistan to Zambia. CURE Hydrocephalus is perhaps our most ambitious and innovative initiative.

Our unique work at CURE Children's Hospital of Uganda is the endoscopic treatment of children with hydrocephalus, more commonly known as “water on the brain,” which can be present at birth or caused later by infection. The CURE Hydrocephalus initiative was born at CURE Uganda because of the work of Dr. Warf during his tenure as Medical Director. While there, he also trained Dr. Mugamba, the current Medical Director, and about a dozen other surgeons from both the first and developing world.

More than 650 surgical procedures are performed annually at CURE Uganda to treat hydrocephalus, more than any other hospital in the world. We estimate that in 2010, there were more than 4,000 new cases of infant hydrocephalus in Uganda, and nearly 300,000 in the developing world (3 per 1,000 births). Virtually all of these children, if left untreated, die. Over the next 5 years, as many as 1.5 million infants in the developing world will die from hydrocephalus.

The majority of hydrocephalus cases treated at our hospitals, when medically appropriate, involve the novel combination of two surgical procedures, endoscopic third ventriculostomy and choroid plexus cauterization (ETV/CPC), developed in Uganda by Dr. Warf. The ETV/CPC technique truly is a *cure* for children suffering from hydrocephalus as it eliminates the need for a shunt in the brain – the standard hydrocephalus treatment, which must be replaced 3-5 times over a child's lifetime. As you can imagine, this is a huge logistical and economic challenge in developing world locations, like Uganda. Too many children with hydrocephalus are never

treated and die, and many treated with a shunt live only a short time before their shunt fails and their families are unable to access further medical care.

Mr. Chairman, hydrocephalus is a global health concern that is widespread in poor countries, and vastly underreported. With new techniques like ETV/CPC we have the opportunity to save thousands of children, and to end the suffering of their families. What's needed is to scale up the proven treatment by increasing training of national surgeons and creating the proper infrastructure to support their on-going work. To give you a sense of the scale of the problem, there are 4 trained neurosurgeons in Uganda, a country of 33.6 million people. There is approximately one neurosurgeon for every ten million people in East Africa. In the United States, we have 3,500 board certified neurosurgeons, which means that we have 110 times the access to treatment than that of people living in East Africa.

Our effort to address this problem is summed up in 4 initiatives that make up CURE Hydrocephalus:

First, strengthening national health systems through training and equipping national surgeons from the developing world in advanced surgical treatment methods for hydrocephalus.

Second, enabling surgeons to use their new skills by providing them the appropriate operative equipment.

Third, developing the IT infrastructure to capture patient care data to facilitate research with our strategic partners to advance the understanding of causes, best treatment practices, and effective methods of prevention of post-infectious hydrocephalus.

And finally, demonstrating compassionate care and concern for the world's most vulnerable children and their families by on-going follow-up.

Training, treatment, research and prevention, and compassionate care will change how hydrocephalus is treated. It will translate into significant cost savings for fragile developing world health systems.

Mr. Chairman, thank you again for your personal interest in this life-threatening medical condition and your leadership in helping to establish creative and effective ways to save more lives and end the suffering of many thousands of children. My colleagues and I at CURE International are excited and stand confident to go forward as called upon.

United States House of Representatives
Committee on Foreign Affairs

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Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee require the disclosure of the following information. A copy of this form should be attached to your written testimony and will be made publicly available in electronic format, per House Rules.

1. Name: JAMES A. COHICK, JR.	2. Organization or organizations you are representing: CURE INTERNATIONAL
3. Date of Committee hearing: TUESDAY, 2 AUGUST 2011	
4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Have any of the organizations you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If you answered yes to either item 4 or 5, please list the source and amount of each grant or contract, and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets. 	
7. Signature: 	

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