political discourse in the United States with Meetinghouses, and honors these institutions as symbols of American freedom and independence, whose creation and preservation are reminders of the founding of our country.

IRAN THREAT REDUCTION AND SYRIA HUMAN RIGHTS ACT OF 2012

SPEECH OF

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 1, 2012

Mr. BACA. Mr. Speaker, I rise in support of H.R. 1905.

Today, it is vital that the U.S. sends a strong message to the Iranian government.

A nuclear capable Iran is our greatest security threat in a region currently defined by conflict, chaos, and uncertainty.

We must prevent Iran from acquiring nuclear weapons through any and all means necessary.

There needs to be strong economic sanctions and focused diplomatic efforts.

As a nation it is also essential to prepare a strategy in the event that sanctions and diplomatic efforts are not successful.

Allowing Iran to become a nuclear threat is not an acceptable outcome.

That is why we must pass H.R. 1905, which increases the economic pressure on Iran's leadership to abandon their illicit efforts to develop a nuclear weapon.

Iran has the power to threaten and provoke regional allies without consequence.

We must stand with our allies in these dangerous and challenging times to prevent a nuclear capable Iran.

We must pass H.R. 1905 before it is too late for sanctions and diplomacy to reduce the Iranian threat.

RECOGNIZING ED WENZEL AND HIS HONOR FROM THE NATIONAL CIVIL WAR TRUST

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2012

Mr. CONNOLLY of Virginia. Mr. Speaker, I rise to recognize Ed Wenzel for his passion, effort, and success in preserving our nation's historic Civil War battlegrounds. Mr. Wenzel recently received an honor from the national Civil War Trust on behalf of his preservation efforts for a Civil War battlefield site in Chantilly, Virginia. The Ox Hill Battlefield Park was dedicated in 2008 thanks in large part to the tireless efforts of Mr. Wenzel.

Mr. Wenzel spent 22 years working to preserve the grounds on which the Battle of Chantilly—referred to as the Battle of Ox Hill by the Confederacy—occurred on September 1, 1862. It was during this battle that the Union army lost commanders Major General Philip Kearny and Major General Isaac I. Stevens, but it ultimately succeeded in slowing General Stonewall Jackson and the Confederacy's advancements and ended the Second Manassas campaign. In 1915, monuments were built in commemoration of both Major Generals Kearny and Stevens on the site.

During my tenure on the Fairfax County Board of Supervisors, I was proud to work with Mr. Wenzel and members of the Civil War Roundtable to raise awareness of the County's Civil War heritage, to erect new historic markers, and create a new five-acre public park highlighting the monuments and the battle significance in the history of our County and our Country.

Additionally, Mr. Wenzel played a major role in the Save the Battlefield Coalition, which successfully opposed construction of a shopping mall at Manassas battlegrounds in 1988, and he was a founding board member of the Association for the Preservation of Civil War Sites.

Mr. Speaker, I ask my colleagues to join me in recognizing Ed Wenzel for his most recent accolade and in thanking him for his tireless pursuits to protect such important aspects of our Nation's rich history.

TRIBUTE TO LIEUTENANT COLONEL PETE DEROUIN

HON. GREG WALDEN

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2012

Mr. WALDEN. Mr. Speaker, I rise today to recognize a fellow Oregonian and good friend, Lieutenant Colonel Pete Derouin of the Oregon Army National Guard, as he departs the National Guard Bureau's Office of Legislative Liaison in Washington, DC to return to Oregon. While Pete has served around the world over the past decade, he has always kept a very special place for Oregon in his heart.

Pete was born and raised in my great state and joined the Army by earning his commission through the University of Oregon's ROTC program. He served for many years as a part-time soldier in Oregon as an officer in the Oregon National Guard. After the attacks of September 11, 2001, Pete felt the call of service and decided to leave the comforts of home and make military service his full time career. Over the last decade, he has served his country in different corners of the globe, including Iraq, Bosnia, and Kosovo.

For the last four years, Pete has worked here on Capitol Hill as an outstanding advocate for the National Guard. I've worked closely with him during his time as a legislative liaison for the Guard, and have found his dedication and effectiveness to be exceptional. We worked together on obtaining approval for the new Readiness Center in The Dalles and on allowing the Oregon National Guard to retain parts of the Umatilla Chemical Depot. Pete was also instrumental in efforts to make sure that National Guard soldiers were not unfairly denied promised bonus payments due to paperwork errors by the Guard.

Now the time has come for Pete to return home to Oregon. He has been selected to lead the 2nd of the 641st Theatre Aviation Battalion, which controls all of Oregon's Army National Guard aviation assets. I have no doubt that he will serve our state and nation well in this new role.

I would like to thank Pete and his wife Andrea for tolerating the frantic pace which comes with working here in Washington, D.C., and wish them happiness and success as they continue their service to our nation back in Oregon. Mr. Speaker, I invite our colleagues to join me in saying thank you to Lieutenant Colonel Pete Derouin for his dedication to our country.

INTRODUCTION OF COMPASSIONATE FREEDOM OF CHOICE ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2012

Mr. PAUL. Mr. Speaker, I rise to introduce the ''Compassionate Freedom of Choice Act.'' This legislation allows terminally ill patients to use drugs, treatments and devices that have not yet been approved by the Food and Drug Administration (FDA) if their physicians certify: (i) such patients have no other treatment options; and (ii) the patient executes written, informed consent that they are aware of any potential risks from the drug, device, or treatment.

It is important to remember that this legislation only applies to otherwise terminally ill patients. Denying these patents a possible opportunity to cure their illness—or at least reduce their suffering—is nonsensical and cruel. The FDA's approval process for drugs, devices, and treatments is costly and time consuming. Yet, time is the luxury terminally patients do not enjoy. So why should the FDA deny terminally-ill patients access to drugs, devices, and treatments that the patient's physicians have determined represents the patent's only possible chance for survival?

For example, the FDA refused to allow Abigail Burroughs (who was diagnosed with head and neck cancer at the age of 19) access to the cancer drugs Iressa and Erbitux by the FDA. Never mind that a renowned oncologist at Johns Hopkins had determined there was a significant chance of saving her life if she could use these new drugs. With her only chance of survival denied by the federal government, Abigail passed away on June 9, 2001, at the age of twenty-one.

Another example of why this bill is necessary is the case of thirteen-year old Anna Tomalis, who enjoyed horseback riding and soccer until she was diagnosed with embryonal sarcoma. Chemotherapy and surgery failed to reverse the cancer, so Anna's parents decided to try experimental drugs. They petitioned the FDA for approval to use Deforolimus, developed by Merk and ARIAD. Unfortunately, the FDA decided Ana was too sick to be admitted in Deforolimus's clinical trials and did not grant her a ''compassionate use'' exemption until three weeks before she died.

Mr. Speaker, I have attached a list of other patients who were denied access to treatments by the FDA even though their doctors believed these treatments where the only option left to potentially save their lives. I ask my colleagues to help make sure that no more Americans with terminal disease are denied treatments simply because the FDA has decide these Americans are better off facing certain death than using an ''unapproved'' drug, treatment, or device. Please cosponsor the Compassionate Freedom of Choice Act.

PERSONS DENIED ACCESS TO COMPASSIONATE DRUG USE BY THE FDA

(I) ABIGAIL BURROUGHS

Abigail Burroughs learned at the age of nineteen that she had head and neck cancer. http://abigail-alliance.org/WLF__ FDA__Lawsuit.pdf (last accessed May 21, 2012). For the next eighteen months, Abigail fought the cancer by undergoing painful chemotherapy and radiation treatments, to no avail. Id. Abigail was told in March of 2001 that she had run out of FDA-approved options. Id. Abigail's cancer cells had very high EGFR (Epidermal Growth Factor Receptors) expression. Her renowned oncologist at Johns Hopkins knew there was a significant chance of saving her life if she could get the new EGFR cancer drugs Ire ssa and Erbitux. Id. Abigail could not get Iressa, however, because the clinical trials were very limited as to the number and type of patients who could qualify—as is usual for clinical drug trials. Id. The Erbitux clinical trials were for colon cancer patients only. Id. Abigail never obtained Iressa or Erbitux, and thus a chance to live, and so she died on June 9, 2001, at the age of twenty-one. Id. The Abigail Alliance, created by her father Frank Burroughs shortly after her death, is a 501(c) non-profit organization and can be accessed through http://abigail-alliance.org. The Abigail Alliance is now dedicated to expanding access to experimental drugs through the compassionate use exemption.

(II) DAVID BAXTER

High school student David Baxter was diagnosed with colorectal cancer in the spring of 2001. http://abigail-alliance.org/WLF FDA Lawsuit.pdf (last accessed May 21, 2012). David was unable to participate in clinical trials of promising new cancer drugs because clinical trials are usually open only to patients eighteen and older. Id. In the following months he endured various types of chemotherapy. Id. Of one of his hospital stays, he wrote, ''You hear a lot of scary stories about cancer patients, and let me tell you right now that they are true—every single one of them.'' Id. From the stories of nurses coming in at two in the morning to take your vitals for some awful reason, to the noises from the room across the hall—either screams or moans of who knows what.'' David died in his sleep at home on October 6, 2001, shortly after his seventeenth birthday. Id.

(III) ALITA RANDAZZO

Alita Randazzo, age thirty-five, was diagnosed with colorectal cancer in the spring of 2000. Id. Alita responded well at first to Eloxatin (Oxaliplatin), but she had to endure the expense and physical demands of traveling to France to get the drug. Id. She did not qualify for the clinical trial of Eloxatin in the U.S. and was not fortunate enough to get into the drug's limited compassionate use program. Id. (Before finally being approved in the U.S. in May of 2003, Eloxatin had been approved in Europe six years earlier.) After eight months, Eloxatin stopped helping Alita and her doctors believed her last chance was Erbitux. Id. Alita was unable to obtain Erbitux, and died on July 20, 2002. Id.

(IV) JOEL OPPENHEIM

Joel Oppenheim was first diagnosed with multiple myloma in 1995 but the disease did not become active until 1999. Id. At that time, he was treated with dexamethadrone (''dex''), which had unpleasant side effects and was only minimally effective. Id. Thalidomide, which is not approved for multiple myeloma, was added to the dex by Joel's doctors. This off-label use of thalidomide was possible because thalidomide had been approved for leprosy, and is thus available for doctors to prescribe for other conditions as they see fit. Thalidomide has become the first line of treatment for multiple myeloma. Id.

As Joel's disease worsened in 2000, his oncologists recommended that he seek to participate in clinical trials of Revamid or PS–341 Velcade. Id. Revamid is a derivative of thalidomide that avoids thalidomide's side effects (which extend well beyond its notorious effect on pregnant women). Id. Joel was unable to obtain a place in the Revamid trials or Velcade trials because his prior treatment with dex put him outside the narrow protocols of the trial. Id. The massive number of patients who applied for the trials would have rendered it unlikely for Joel to win a place, in any event. Thus, Joel was prevented from using Revamid, which was safer and more effective than his thalidomide treatment. Id.

In light of Joel's inability to obtain Revamid or Velcade, his oncologists recommended an autologous bone marrow transplant, which he underwent on April 15, 2001. Id. This is a dangerous and damaging medical procedure. Id. Joel survived the transplant, but was disabled from working and still suffers from an impaired immune system. A disease such as the West Nile virus that would typically have mild effects on other people would probably kill Joel. Id.

Approximately a year and a half after the bone marrow transplant, Joel's cancer worsened again. Id. He again attempted to enter numerous trials for Velcade, but was rejected. He was disqualified from some trials on account of his prior dex treatment and from others on account of his transplant (which had been made necessary by his lack of access to Velcade or Revamid). Id. To increase his chances of acceptance into a trial, on his doctors' advice, Joel stopped taking dex or any other treatment; one of the criteria of the trials was no dex or other drugs within the prior six months. The trials were repeatedly delayed. Id. Without medication, Joel's cancer grew much worse. Id. Finally, in June of 2003, through the efforts of one doctor, Joel was admitted to a trial of Revamid. Over the last three years, FDA restrictions on investigational drugs have caused countless patients like Joel to die or suffer from bone marrow procedure. Id.

(V) GIDEON SOFFER

Gideon was active in the Los Angeles Jewish community and a student at U.C. Berkeley. http://abigail-alliance.org/WSJ%20Sen%20Kennedy%20Gideon.pdf (last checked May 21, 2012). He passed away January 11, 2012. http://www.tributes.com/show/Gideon-Joseph -Sofer90709467 (last checked May 21, 2012). In 2003 he was 22 years old; he stood five foot six inches tall and weighed just over 100 pounds. Id. He suffered from Crohn's disease which caused him to remove half of his intestine. Crohn's disease is an inflammatory disease of the bowels, which can cause breakage and perforations in the intestines. 1.5 million Americans suffer from it, including a disproportionate number of Ashkenazi Jews. Id. In 2007 Gideon enrolled in a clinical trial for a treatment that could save his life: an adult stem cell therapy that helps damaged intestinal tissue regenerate from the inflammation caused by Crohn's. The sponsor, Osiris Therapeutics, reported that Crohn's patients in the therapy's Phase II trial all experienced clinical improvement after receiving the cells. Id. A Phase III trial for the treatment was nearing completion at the time of the petition, but the FDA approval was years away. He was placed in the trial but was withheld the life-saving drug and given a placebo instead. http://abigail-alliance.org/WSJ%20Sen%20Kennedy% 20Gideon.pdf (last checked May 21, 2012).

(VI) KIANNA KARNES

44 year old Kianna Karnes was a mother of four and grandmother of one when doctors told her she had kidney cancer that was spreading throughout her body. http://abigail-alliance.org/3_WSJ_Editorials_Kiannas_ Law.pdf (last checked May 21, 2012). Two different developmental drugs, BAY 43–9006 and SU 11248, showed great promise against this once untreatable disease, but the FDA did not move to approve the drugs, and instead began imposing new testing requirements that make it all but impossible for their developers—Bayer and Pfizer—to provide them to terminal patients on a ''compassionate use'' basis by forcing a placebo. Id. Karnes died in 2005, the very same day that the FDA granted her compassionate use exemption. Id.

(VII) ANNA TOMALIS

13 year old Ana Tomalis liked horseback riding and soccer. http://online.wsj.com/article/SB1219447890_05365195.html?mod = opinion _main_commentaries (last checked May 21, 2012). From 2005 to 2008 Ana fought embryonal sarcoma, a rare form of liver cancer. Id. After chemotherapy and surgery did not work her parents turned to experimental drugs. Id. One drug that they petitioned the FDA for was Deforolimus, developed by Merk and ARIAD. Unfortunately Ana was too sick to be admitted in the clinical trials and the FDA did not grant her a ''compassionate use'' exemption until three weeks before she died, August 15, 2008. It was too little too late. Id.

(VIII) JACOB GUNVALSON

Jacob, since the age of eight, had Duchennemuscular dystrophy, a rare and devastating disease, which has confined him to a wheelchair. http://www.huffingtonpost .com/2008/12/17/jacob-gunvalson-terminall _n _151650.html (last visited May 21, 2012). His mother, Cheri Gunvalson, with a master's degree in nursing, was instrumental in getting federal legislation passed to provide more research money for the disease. Id. Jacob's only hope was PTC Therapeutics' PTC124, an experimental drug given to only 165 in a clinical trial. Id. Jacob was ineligible because his disease was too far advanced already rendering him unable to walk. Id. In December of 2008 the Third Circuit ruled against the Gunvalson's reversing a lower court decision stating that a pharmaceutical company does not have to provide an experimental drug to terminally ill person. Id.

(IX) BRANDON RYAN

Brandon, at 22 years old, had severe melanoma skin cancer.http://www.nytimes.com/ 2010/09/19/health/research/19trial.html?page wanted=5&_r=3&partner=rss&emc=rss&src =ig (last visited May 21, 2012), http:// www.legacy.com/obituaries/ bakersfield/obituary.aspx?n=brandon -p-ryan&pid=143628760 (last visited May 21, 2012). He shared that skin cancer and the shared slim chance of survival with his cousin Thomas McLaughlin. Id. A new drug issued by Roche called PLX 4032 was being offered in clinical trials at the University of Los Angeles Medical Center which was near their homes. Id. Thomas who was in the trial urged his cousin to join lauding that the tumors stopped growing after only two months of taking the pills. Ryan was admitted to the trial but was assigned by the lottery to be the control arm—instead of taking the pills; he was to get infusions of a chemotherapy that had been notoriously ineffective in treating melanoma. Id. The standard chemotherapy used in melanoma, decarbazine, slowed tumor growth in 15 percent of patients for an average of two months. Id. By contrast, PLX 4032 had halted tumor growth

in 81 percent of patients for an average of eight months. Brandon died in 2010. Id.

(XI) LIDDY SHRIVER

In April 2002, Elizabeth Shriver was diagnosed with Ewing's sarcoma. http://sarcomahelp.org/liddy.html. She died January 15, 2004 at the age of 37 after the cancer metastasized to her right thigh, lungs, brain and abdomen. Id. Liddy was a computer scientist and sought to approach the cancer as ''just another problem to solve reading as much as she could about cancer, various treatments, and the results of clinical trials. Id. More information can be reached by going to http://sarcomahelp.org/index.html.

(XI) LORRAINE HEIDKE MCCARTIN

Lorraine raised four children and has been battling a rare form of breast cancer since 2006. http://www.boston.com/business/healthcare/articles/2011/01/05/testing__rules__force__patients__to__wait__for__new drugs/?page=2 (last viewed May 21, 2012). In 2010 her hopes were buoyed when doctors said she was a good candidate to take a promising experimental drug called T–DM1 which had reduced patient's tumors with few side effects in clinical trials. Id. But before the treatments were to start under an expanded access program the drug's maker Roche shut down the program after the FDA refused to speed the approval process. Id. She is still alive, but must drive about 500 miles to get the treatment.

RECOGNIZING MASTER CHIEF PETTY OFFICER (RET.) JOHN R. BRINKHEIDE AND HIS MORE THAN 20 YEARS OF HONORABLE SERVICE TO THE U.S. NAVY

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2012

Mr. CONNOLLY of Virginia. Mr. Speaker, I rise today to commend Master Chief Petty Officer (Ret.) John Robert Brinkheide for his more than 20 years of honorable and courageous service to the United States Navy, his subsequent 17 years of service as a contractor supporting the Department of Defense, and his continued service to our community. We are fortunate to have among us veterans with MCPO Brinkheide's sense of duty and continued commitment to public service.

MCPO Brinkheide enlisted in the U.S. Navy in 1962 and completed electronics school the same year. From 1962 to 1964 he served aboard the USS *Semmes*, a ship he describes as truly unique, tied together by a crew committed to doing good. His service aboard the USS *Semmes* instilled in him his sense of professionalism and ethics that guided him throughout the entirety of his military and professional career. He attended advanced electronics school in 1965 upon leaving the USS *Semmes* and then served for three years in Vietnam aboard an in-river LST. After completing his tour in Vietnam, MCPO Brinkheide served aboard the USS *America* from 1969 to 1976 and was promoted to Master Chief Petty Officer. MCPO Brinkheide's last few years at sea were served aboard the USS *Nashville* as the Electronics Material Officer from 1976 to 1980. MCPO Brinkheide spent his last year with the Navy working on strategic communications for the Naval Electronic Systems Command performing oversight of electronic equipment acquisitions.

After retiring from the Navy in 1981, he began a long career as a contractor supporting the Department of Defense, specializing in systems acquisitions. Since retiring from the Navy, Mr. Brinkheide has actively worked to better his community through the Knights of Columbus and served as the Grand Knight of the John Paul I Council of Dale City, Virginia, from 2006 to 2007. MCPO Brinkheide also worked tirelessly for 24 years to help organize and implement the Prince William County Tree Trimming Day of Remembrance, a ceremony held to honor those who died in alcohol- and drug-related vehicle crashes.

Mr. Speaker, I ask that my colleagues rise to join me in recognizing and thanking John R. Brinkheide for his steadfast and selfless service to our country and our community.

IRAN THREAT REDUCTION AND SYRIA HUMAN RIGHTS ACT OF 2012

SPEECH OF

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 1, 2012

Mr. VAN HOLLEN. Mr. Speaker, I rise in support of the conference agreement for H.R. 1905, the Iran Threat Reduction and Syria Human Rights Act of 2012, a bill of which I am a cosponsor. In addition to imposing sanctions on anyone found to be guilty of committing or contributing to the repression or abuse of the human rights of the Syrian people, this measure also continues the congressional efforts to apply pressure to the government of Iran for its nuclear enrichment activities.

Mr. Speaker, yesterday the president announced the application of new sanctions on the Iranian oil industry and on Chinese and Iraqi banks for helping Iran to circumvent the global sanctions regime. These sanctions are a part of an escalating series of penalties against Iran. In June, the U.S. imposed a round of sanctions targeting any foreign country that buys Iranian oil. Then, in early July, the EU, a major market for Iranian oil, put in place a complete embargo of oil imports from the country.

Since the effort began, Iranian oil production has declined by a million barrels a day, its exports have fallen by about 50 percent and its currency has plunged more than 40 percent against the dollar. Today, the House meets to further tighten the sanctions on Iran's energy, shipping and insurance sectors. This package of sanctions will be the most comprehensive passed to date. Virtually all of Iran's energy, financial, and transportation sectors will be subject to U.S. sanctions and any company that does business in these sectors will run the risk of losing access to U.S. markets.

The economic sanctions imposed on Iran have succeeded in bringing the Iranians to the negotiating table. It remains to be seen whether the Iranians are simply engaged in stall-tactics or are willing to end their effort to produce weapons-grade nuclear material.

As President Obama has made clear, it is unacceptable for Iran to develop a nuclear weapon. The U.N. Security Council has passed numerous resolutions demanding that Iran comply with the Nuclear Nonproliferation Treaty and suspend its nuclear enrichment activities. The IAEA has repeatedly found Iran to be in violation of the U.N. resolutions.

A nuclear-armed Iran would pose a grave threat to the State of Israel, a country the President of Iran has stated should ''be wiped off the map.'' A nuclear Iran could also trigger a nuclear-arms race in the Middle East that would further destabilize an already volatile region. It is in the national security interests of the United States to prevent Iran from obtaining nuclear weapons.

By most accounts, the sanctions passed by Congress have ratcheted up pressure on the Iranian government. But Iran continues to increase its stockpile of enriched uranium. This bi-partisan measure is necessary to give the President additional tools to penalize the Iranian regime for its continual refusal to heed the objections of the international community.

I encourage my colleagues to join me in support of this conference agreement.

VIETNAM'S CONTINUING ABUSE OF HUMAN RIGHTS AND RELIGIOUS FREEDOM

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2012

Mr. WOLF. Mr. Speaker, I submit for the record several months' worth of correspondence with the State Department regarding Vietnam's deplorable human rights and religious freedom record.

The correspondence includes a recent letter signed by three other members and myself calling for the removal of David Shear, U.S. Ambassador to Vietnam, for his failure to advocate for basic human rights and religious freedom in Vietnam while conditions are getting worse.

The U.S. must ensure that human rights and religious freedom are at the forefront of bilateral relations with Vietnam and the American embassy must be an island of freedom.

CONGRESS OF THE UNITED STATES,
Washington, DC, May 15, 2012.

Hon. DAVID SHEAR,
U.S. Ambassador to the Socialist Republic of Vietnam, U.S. Department of State, C Street, NW, Wasington, DC.

DEAR AMBASSADOR SHEAR: We write today to express our concern over the arrest and detention of a U.S. citizen, Dr. Nguyen Quoc Quan, by Vietnamese authorities on April 17, 2012. Further, we write to express our concern that you, as U.S. Ambassador to Vietnam, have not yet visited the U.S. citizen and democracy activist, who has been imprisoned for nearly one month on politically motivated charges.

During a hearing convened by the Tom Lantos Human Rights Commission today, Dr. Nguyen's wife, Mrs. Mai Huong Ngo, provided emotional testimony about her husband's ongoing detention. It was shocking to hear that no one from the U.S. Embassy has reached out to Mrs. Ngo regarding the detention of her husband. We urge you to personally contact both Dr. Nguyen and Mrs. Ngo to show solidarity with and concern for two American citizens.

In addition, if Mrs. Ngo decides to go to Vietnam and attempt to see her husband, we request that you ensure her safety by personally meeting her at the airport and escorting her to the embassy and the jail where Dr. Nguyen is being held so that she does not meet the same fate as her husband.

If the U.S. Embassy does not stand with Dr. Nguyen Quoc Quan then what assurances