

country as children, should be made law immediately. This would provide a path to citizenship for those who attend college or serve two years in the US Armed Forces, and would help the U.S. retain the most successful, productive young immigrants.

Large numbers of the brightest students from around the world come to earn degrees from U.S. universities. Many wish to remain in the U.S., but our broken immigration system makes it nearly impossible for them to do so. We should be encouraging these graduates to remain in the U.S. on completion of their studies.

MINIMUM WAGE

The third prong of ADA's program is increasing and indexing the minimum wage. It lags at a shameful \$7.25 per hour, while Republicans call for tax cuts for millionaires and billionaires. At its current level, the minimum wage barely provides an annual income above the individual poverty level, and many minimum wage earners are trying to raise families. It is unconscionable that anyone working full time in America should be mired in poverty, unable to meet basic needs of shelter, food, heat, and clothing.

The minimum wage should be increased, and should in future be indexed to the Consumer Price Index, to ensure that it keeps pace with the rising cost of living.

Opponents of raising the minimum wage will say that it increases unemployment. The evidence for this is extremely spotty. In some states that have increased their minimum wage, unemployment has declined relative to neighboring states that have maintained minimum wage at the federal level. In others, very small increases in unemployment were seen for the lowest-wage workers, and even those increases were temporary. Most of the economic research indicates that modest increases to the minimum wage have a negligible effect on employment, which is much more affected by other economic factors. The benefit of an increase to those workers at the minimum wage level outweighs the negligible effect on employment levels, and ADA strongly supports action on legislation to adjust the current minimum. ADA forged the coalition that led to the last increase in the minimum wage, and we can do so again.

All three prongs of ADA's program—JOBS, SOCIAL SECURITY, and MINIMUM WAGE—are of a piece, and are essential to restoring the American middle class. The Republicans are raring to enact slashing cuts that mirror those of the Tories of the UK, a formula for a double-dip recession or worse. We know better. Americans need jobs. Our country needs refurbishing. Workers need jobs that pay for housing, food, education, and a decent standard of living. Workers pay Social Security taxes, so the elderly, disabled, widows, and orphans can survive above poverty. And minimum wage workers must not be left behind. ADA stands ready to build the Liberal movement to carry out this agenda.

HONORING WAYMON SIMS

HON. HENRY C. "HANK" JOHNSON, JR.

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Monday, May 2, 2011

Mr. JOHNSON of Georgia. Mr. Speaker, I submit the following Proclamation:

Whereas, the accomplishments of many start with the works and words of one; and

Whereas, Waymon Sims was born and raised in Athens, Georgia, where he began his athletic career as a teenager participating in football, track and basketball earning varsity letters while maintaining his membership in the National High School Honor Society at Athens High & Industrial School; and

Whereas, upon his graduation from Athens High & Industrial School in 1959, Waymon Sims entered Morris Brown College in Atlanta, Georgia wherein he continued his athletic career in track and football while earning his Bachelor of Science degree in Mathematics; and

Whereas, Waymon Sims served our country honorably in the U.S. Navy during a time of war, he returned home to Georgia, entered John Marshall Law School, coached little league softball and baseball in DeKalb County, Georgia, won numerous championships for his girls and boys teams but most of all, he shared his time and talents for the betterment of his community and his nation through his tireless works, words of encouragement and inspiration that have and continue to be a beacon of light to those in need; and

Whereas, the U.S. Representative of the Fourth District of Georgia has set aside this day to honor and recognize Waymon Sims the Athlete, Coach, Attorney and Community Leader on his induction into the Athens Athletic Hall of Fame in his hometown of Athens, Georgia and to congratulate him as a constituent who now lives in our District;

Now Therefore, I, HENRY C. "HANK" JOHNSON, JR. do hereby proclaim May 18, 2009 as Waymon Sims Day in the Fourth Congressional District.

Proclaimed, this 18th day of May, 2009.

HONORING THE INTERNATIONAL EYE FOUNDATION MAY 2, 2011

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Monday, May 2, 2011

Mr. VAN HOLLEN. Mr. Speaker, I rise today to honor the outstanding achievements of the International Eye Foundation as it celebrates its 50th anniversary. IEF, which I am proud to say is based in my congressional district, is dedicated to the prevention of blindness and restoration of sight worldwide. In 2010, together with its partner eye care providers in Africa, Asia, Latin America, and the Middle East, IEF treated over 2 million people.

The history of IEF's work is fascinating. Dr. John Harry King, Jr., IEF's founder and a pioneer of corneal transplantation, sought to address the high rates of blindness in the developing world and established the International Eye Bank in 1961 under the auspices of CARE/Medico. American eye surgeons were posted to the St. John Eye Hospital in Jerusalem to perform corneal transplant operations and train local surgeons. Dr. King soon realized, however, that much of the blindness in the developing world was preventable and that care could be provided before people became blind. The name of the organization was changed in 1965 to the International Eye Foundation, which sharpened its focus on blindness prevention and primary eye care.

In order to remedy the dearth of eye specialists in developing countries, volunteer ophthalmologists were posted by IEF to countries throughout Asia, Africa and Latin America. Through IEF's Society of Eye Surgeons, Dr. King hosted a World Congress every four years, one of the earliest international eye meetings, bringing together distinguished leaders in ophthalmology and development specialists from around the world.

Throughout the 1970's, IEF facilitated many ophthalmic training and exchange programs in Africa, the Middle East, and Asia. In 1972, U.S. eye surgeons were posted to Ethiopia and Kenya and, from 1976–1984, the USAID-supported "IEF Kenya Rural Blindness Prevention Project" became a model for East Africa. The training of ophthalmologists and Ophthalmic Clinical Officers was expanded while countless general physicians, nurses, and village health workers were trained in primary eye care. IEF facilitated an exchange program that exposed U.S. Navy residents to the challenges of providing eye care in Africa and the Middle East and brought doctors from Egypt and Ethiopia to the U.S. for fellowships. Ophthalmic and nurse training programs and vitamin A deficiency control programs were also conducted in Afghanistan, Pakistan, India, Bangladesh and Indonesia. IEF started Malawi's Ophthalmic Medical Assistants training program in 1980. Importantly, the Queen Elizabeth Central Hospital in Blantyre had no eye specialist, so IEF posted a series of American ophthalmologists there to provide care, surgery and training over 15 years.

IEF helped establish Eye Banks in Amman, Jordan in 1979 and in Cairo, Egypt in 1980. Throughout the following decade, U.S. ophthalmologists were posted to a number of Caribbean nations for one year at a time. In 1985, IEF became the first eye care development organization to be accepted into "official relations" with the World Health Organization. In 1986, USAID awarded child survival grants for programs in Africa and Latin America that focused on reducing blindness from vitamin A deficiency, the leading cause of blindness in children in developing countries at that time. The availability of Mectizan® (the anti-parasitic drug ivermectin) from Merck & Company in 1990 allowed IEF to pioneer the first community-based ivermectin distribution programs in Guatemala, in collaboration with Africare in Nigeria, and in 1992 in Cameroon and Malawi.

In the early 1990's, IEF was awarded a USAID grant for programs in Bulgaria and Albania. The grant enabled 18 U.S. ophthalmologists to provide training and technology for vitreo-retinal surgery and retinopathy of prematurity to save the sight of newborns. IEF also collaborated with the Dana Center for Preventive Ophthalmology at Johns Hopkins University to conduct the first random sample epidemiological blindness prevalence survey in Bulgaria.

In the mid-1990's, IEF recognized that eye hospitals in developing countries were still underperforming and lacked management capacity and revenue sources. The SightReach® Management program was then established, reorienting the organization's mission to sustainability planning for eye care institutions. This included developing a model that can be adopted by eye units in different regions of the world. In 1999, with seed money from USAID, IEF focused on reducing

blindness from unoperated cataract and addressing refractive error by improving efficiency, productivity and revenue-generating services. IEF is now a global leader in sustainability programming for eye care with hospital partners in 15 countries.

In 1999, IEF established its SightReach® Surgical (SRS) program, making available a wide range of ophthalmic products from manufacturers worldwide to eye care providers and international developing organizations. The program has reduced the cost of technology and provided valuable procurement and advisory services to nations that would otherwise have limited access to such resources.

Over the last 50 years, IEF has been instrumental in facilitating the tremendous growth in eye care services throughout the developing world, especially in Asia and Latin America. Cases of blindness due to trachoma, onchocerciasis, cataract, and blinding malnutrition have been reduced while the number of training programs, well-trained ophthalmologists, and modern technology has increased in developing countries. IEF has played a significant role in these achievements and has been supported by USAID, private foundations and the hundreds of thousands of individuals who support its mission.

Mr. Speaker, I am honored to recognize the International Eye Foundation for its 50 years of extraordinary work and wish it continued success in making a difference in the lives of millions of people throughout the world.

TRIBUTE TO THE HISPANIC ASSOCIATION ON CORPORATE RESPONSIBILITY (HACR) ON ITS 25TH ANNIVERSARY

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, May 2, 2011

Mr. BACA. Mr. Speaker, I stand here today to commemorate a significant milestone and to commend the leadership of the Hispanic Association on Corporate Responsibility (HACR) for its work as one of the most influential advocacy organizations for Hispanic inclusion in Corporate America.

This year marks the 25th anniversary of HACR's founding in 1986, with a mission to advance the inclusion of Hispanics in Corporate America at a level commensurate with Hispanic economic contributions.

Thanks to the profound efforts and devotion of its exceptional and visionary leaders, in 25 years HACR grew from an original 7 coalition members to now representing 16 national Hispanic organizations in the United States and Puerto Rico.

For more than two decades, HACR's innovative work with corporate partners, stakeholders, elected officials, and community leaders has created a partnership that provides the expertise necessary to ensure the inclusion of Hispanics in corporate social responsibility and market reciprocity.

HACR's Commitment to Hispanic inclusion in the areas of corporate responsibility and community reciprocity include a focus on employment, procurement, philanthropy, and governance.

With a pioneering focus to meet unmet needs, HACR's signature programs, including

the Annual HACR Symposium, HACR CEO Roundtable, and HACR Corporate Directors Summit, present a unique opportunity for some of the nation's most forward-thinking companies to share best practices and continue advancing Hispanic inclusion.

Additional signature programs tailored to young Hispanics, including the HACR Corporate Executives Forum and the HACR Young Hispanic Corporate Achievers Program, lay the foundation for generations of Latino corporate leaders to come.

It is with great pride that I recognize HACR on this important anniversary. Since its founding, to its first corporate agreement, to its now extensive work with the nations' most prosperous companies and leaders of all levels, HACR continues to be a passionate and committed organization with a mission to achieve economic parity and reciprocity for the Hispanic community.

HONORING JUNE RUSSELL WRIGHT

HON. SANFORD D. BISHOP, JR.

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Monday, May 2, 2011

Mr. BISHOP of Georgia. Mr. Speaker, I rise today to honor a woman of grace, class, and dignity, Mrs. June Russell Wright.

Mrs. Wright passed away on April 22, 2011. She and her husband, Dr. Robert L. Wright, Jr. have been my friends of longstanding for over 40 years.

June was born on November 7, 1939 in Columbus, Georgia to the late Mrs. Ollie Russell Carter.

She graduated from William H. Spencer High School in 1957 and Grady Hospital School of Nursing in 1960 as a registered nurse. Her nursing career spanned over 40 years, with 34 of those years spent at the Columbus Health Department. She worked in numerous clinics and retired as a nurse supervisor of the Tuberculosis clinic.

George Washington Carver once said that: "How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and strong. Because some day in life you will have been all these." June went far in life because she never forgot this lesson and she always wanted to help other people. Her involvement with her church and social civic organizations dedicated to the betterment of all people is a testament to this fact.

June was an active member of the St. Benedict Catholic Church where she served faithfully and worked with the Liturgy Committee, the Project 2004 Committee and sang in the church choir for over 30 years. She was an active member of the Columbus Chapter of the Links and an honorable Archoua of Gamma Psi Boule. One of her greatest achievements was her induction as a Life Partner in the Horatio Alger Association of distinguished Americans. June truly believed in the mission of the Association that hard work, honesty and determination can conquer all obstacles. She lived her life this way and gave her all to making the world a better place to live.

But, her greatest role in life was that of dedicated wife and loving mother. She has

supported and served as the greatest cheerleader to her husband through his career as an optometrist, elected official and successful entrepreneur. Moreover, she has supported her children, Kimberly Wright Lavender and Russell T. Wright in all of their endeavors.

June was truly one of a kind who left an indelible mark on the world that will never be forgotten.

I am proud to have known a woman who has dedicated her life to uplifting others and I am proud to honor her life and legacy with this statement. To God be the glory for blessing the world with a woman such as June Russell Wright. We all are better because she travelled this way.

REINTRODUCTION OF THE TANNING BED CANCER CONTROL ACT

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, May 2, 2011

Mrs. MALONEY. Mr. Speaker, today, in honor of Melanoma Monday, I am reintroducing bipartisan legislation with my colleagues Representative CHARLIE DENT and Rep. JESSE JACKSON, JR.: the Tanning Bed Cancer Control Act. This legislation will empower the Food and Drug Administration (FDA) to determine whether the current performance standards and regulations placed on tanning beds accurately reflect their safety and effectiveness.

Despite the known health risks associated with indoor tanning, more than two million people, the vast majority of whom are women and young girls, tan indoors every day. The United States Department of Health and Human Services and the World Health Organization's International Agency for Research on Cancer have classified indoor tanning beds as a known carcinogen (cancer-causing substance), the same category as tobacco smoke, asbestos and uranium. Research shows people who tan indoors are 75 percent more likely to develop melanoma, the deadliest form of skin cancer, which is now the most common form of cancer among young adults 25–29 years old. We can no longer ignore the startling health effects of indoor tanning.

In spite of the facts, the FDA currently classifies tanning beds in the lowest risk category, Class I. Other examples of Class I devices are Band Aids and tongue depressors, devices that pose no risk to consumers at all. The Tanning Bed Cancer Control Act requires the FDA to examine two sides of tanning bed regulation. First, it requires a study be conducted to determine whether or not tanning beds are appropriately classified in accordance with the risks of their use. The bill also addresses performance standards—factors such as the strength of the UV rays emitted and the recommended amount of time a consumer should remain in the bed. These standards have not been updated since 1985. Finally, the legislation calls on the FDA to carry out its own findings published in a 2008 Report to Congress and to edit the warning label requirements to clearly and more effectively inform consumers of the health risks associated with tanning bed use.

The link between skin cancer and indoor tanning is undeniable and we need to protect