

HONORING REVEREND JOHN F. EDWARDS

HON. JOHN B. LARSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. LARSON of Connecticut. Mr. Speaker, I rise today to recognize the lifelong dedication of Reverend John F. Edwards, who will retire this month after 50 years of active ministry.

As the Pastor of The Church of the Incarnation, in Wethersfield, Connecticut in my district, Father Edwards was an inspiration and source of strength for those he met during his service to the priesthood. Father Edwards experienced a religious calling and entered the St. Thomas Seminary in Bloomfield, Connecticut, where he remained from 1947–1949. On January 6, 1955, Reverend Edwards was ordained as a priest at St. Brendan's Church in New Haven, Connecticut by The Most Reverend Henry J. O'Brien. Shortly thereafter, Father Edwards received temporary assignments in Washington Depot, Connecticut and as Chaplin at St. Mary's Hospital in Waterbury. In April–August 1955, he received a permanent assignment as a Chaplin at St. Francis Hospital in Hartford, Connecticut.

In August of 1955, Father Edwards returned to St. Thomas Seminary, where his vocation developed and strengthened, and served as a teacher and administrator from 1955–1981. During his 26 year tenure, Father Edwards taught history and mathematics and became Principal of the high school at St. Thomas Seminary. In his final 6 years at St. Thomas Seminary, Father Edwards served as Director of The Permanent Diaconate Program of the Archdiocese of Hartford, which was a program that proved to be instrumental in fulfilling the needs of the Archdiocese. He also served as a weekend assistant at St. Helena Church in West Hartford, Connecticut from 1967–1980. Father Edwards was an inspiration in the classroom and in his community.

Father Edwards arrived at St. Joseph Church in Meriden, Connecticut in 1981, where he continued his service for 11 years as part of a Team Ministry with Father Mark Jette. In 1992, Father Edwards was appointed Pastor of The Church of the Incarnation where he continued to be a dedicated pastor, devoted spiritual leader, and friend. For the past 4 years, he has been the Dean of the Suburban Hartford Deanery where he fostered fellowship within the Greater Hartford Area.

Mr. Speaker, I ask that my colleagues join me today in thanking and honoring Reverend John F. Edwards for his 5 decades of service to the people of Connecticut. The parishioners of the Church of the Incarnation will miss his dedication and quiet thoughtfulness. Please join me in congratulating Father Edwards on his retirement and wishing him many enjoyable rounds of golf.

EXPLORING THE CARIBBEAN: THE INSTITUTE OF CARIBBEAN STUDIES

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. RANGEL. Mr. Speaker, I rise today to bring to the attention of my colleagues the sig-

nificant work of the Institute of Caribbean Studies (ICS), a magnificent organization that highlights and explores the linkages between the Caribbean and the United States. Today, Representative BARBARA LEE, Representative DONNA CHRISTENSEN, and I hosted a meeting of the Institute of Caribbean Studies in the Rayburn Building. I thank these wonderful congresswomen for joining me in our effort to raise the awareness and provide an opportunity for this Congress to explore the dynamics of the Caribbean economy, culture, and global appeal.

The Institute of Caribbean Studies works to find common links between the American public and the people of the Caribbean. It explores different avenues of change and development that are common to our two regions and seeks opportunities to nurture those developments to our collective best interests. This group is working to build a stronger economic, social, and cultural bond between two important regions of the world.

At their legislative forum today, the panels addressed the growing importance of the border security, economic development, disaster assistance, and human security. Panelists such as Foreign Minister of the Bahamas Fred Mitchell, the Jamaican Ambassador Gordon Shirley, the St. Lucian Ambassador Sonia Johnny, and the Grenadian Ambassador Denis Antonie examined various causes, effects, and responses to the challenges of linking the Caribbean and the United States. Their discussion and assessments provided important insight into the solutions and opportunities for advancement in the region.

I thank the panelists and participants for their thoughts, opinions, and wisdom on developing and encouraging a stronger linkage between our two parts of the world. I particularly would like to thank Dr. Claire Nelson, the President and Founder of the Institute, for her leadership and direction in the activities of the Institute of Caribbean Studies. I am sure that under her continued helm the organization will become a valuable resource for Congress and its deliberations on improved international relations.

I submit for the RECORD a copy of the mission statement and goals of the organization. I hope my colleagues will put this organization to use in developing responsible policies toward the Caribbean.

The Institute of Caribbean Studies (ICS) is a non-partisan, non-profit 501(c)(3) organization established in 1993 and dedicated to research, policy analysis, and education with a focus on issues that impact the Caribbean and Caribbean Diaspora. The purpose of the Institute is to provide a forum for scholars, the private sector, the non-government organization community and others interested in promoting a dialogue on Caribbean issues. The Institute seeks to address economic development problems facing Caribbean society, and to adopt a thorough, systematic and coordinated long-term perspective towards their resolution.

Since its inception, ICS has been on the forefront of the challenge to bring attention to the issues of critical importance to the Caribbean American community, which numbers over 3 million. ICS represents an important role in history as the first Caribbean-American community organization in the Washington, DC area devoted to the successful inclusion of Caribbean-Americans in U.S. policy making, and the economic development of the Caribbean region. ICS has built up a unique network of knowledgeable

and committed individuals with expertise in a variety of sectors.

ICS's location in Washington, DC makes it an ideal interlocutor, advocate and intermediary between the U.S. government, multilateral agencies, the private sector, Caribbean-American communities, and Caribbean governments, communities, and organizations in the region. ICS enjoys the respect of a significant proportion of the Caribbean-American community, as well as the Caribbean diplomatic corps. ICS has established and will continue to develop partnerships and collaborative relationships with local and national organizations in the United States and the Caribbean, such as the Caribbean American Chamber of Commerce and Industry, Global Rights Law Group, National Minority Suppliers Development Council, World Bank/IMF Caribbean Staff Association, Caribbean Research Center, and the Caribbean Policy Development Center to meet its objectives, particularly those in the area of economic development and policy making.

ICS is dedicated to building bridges between Caribbean Americans and the U.S. population at large and advocating for the economic welfare of the Caribbean American community. Together with partner organizations with industry, government and civil society, we have built the foundation to make the Institute of Caribbean Studies, the leading Caribbean American organization in Washington, DC. Our mission is to provide our partners with solutions to the challenges they face, that will enable their survival, growth, and prosperity in the ever changing global marketplace, by providing world class research and action that supports their missions.

The organizational structure of the ICS provides an established framework within which 'Caribbeanists' can be mobilized to address issues of concern and implement research and/or program initiatives. This includes a Private Sector Council and a Research Council.

ICS program areas are designed to:

To promote the increased participation of Caribbean Americans in the U.S. economic and policy agenda.

To facilitate increased educational exchanges between Caribbean and American peoples.

To foster increased cooperation between the Caribbean and other developing country regions, such as Latin America and Africa, as well as the developed countries of Canada and Europe.

To facilitate the participation of, and discussion with, the Caribbean Diaspora around the world on issues pertaining to Caribbean development.

In keeping with its holistic philosophy of development, the Institute develops and supports programs which serve a multiplicity of interests—the community leader, the business person, the policy-maker, and the scholar, across various sectors. The program areas include: Economic Development, Science & Technology, Education & Health, and Sociology & Culture.

Our goal for economic development is to increase the participation of Caribbean Americans in the U.S. business sector, to promote increased trade and investment between the U.S. and the Caribbean, and to support entrepreneurial development and micro-enterprise development in the Caribbean. Our work includes creating linkages between U.S. small and disadvantaged businesses and Caribbean businesses, entrepreneurial development and skills training for youth with particular reference to, and acting as an interlocutor and facilitator for creating partnerships between U.S. transnational corporations and the Caribbean American community.

Our goal in the area of science and technology is improve the level and quality of technical assistance provided to the Caribbean region, to support improvements in the access, development and use of science and technology across all sectors, and the increased access of disadvantaged communities in the Caribbean to information technology. Our current agenda is the support of Computer centers in disadvantaged centers in the Caribbean and the development of exchange and linkages programs to support science education in the Caribbean such as support for the establishment of children's science centers.

Our goals in education and health include increasing transfer of technology to the Caribbean region; ensuring Caribbean Americans equity in health care; and supporting the provision of increased educational opportunities to disadvantaged populations in the Caribbean. This includes assisting in the establishment of linkage programs between historically Black colleges and universities.

Our goal in sociology and culture include: assisting the Caribbean-American community to participate in U.S. democratic processes; promoting the conservation and development of Caribbean arts and culture, and promoting an understanding of Caribbean culture in the U.S. Our current focus in this area is the establishment of June as Caribbean Heritage Month in the Washington, DC metropolitan region and the production of the DC Caribbean Film Festival.

**THE CONVICTION OF EDGAR RAY
KILLEN ON JUNE 21, 2005, IN
NESHOBA COUNTY, MISSISSIPPI**

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. LEWIS of Georgia. Mr. Speaker, it is so strange. It is so ironic. It is almost eerie that Edgar Ray Killen was convicted today exactly 41 years to the day that James Chaney, Mickey Schwerner, and Andy Goodman were found missing in Philadelphia, Mississippi. I knew these three young men, these brave and courageous fighters for freedom. They did not die in Vietnam. They did not die in the Middle East. They did not die in Eastern Europe. They did not die in Africa or South America; they died right here in the United States. And they were killed simply for helping Americans exercise their constitutional right to vote.

They were killed, not just by vicious members of the Ku Klux Klan, but they were also killed by an evil system of tradition and government that perpetuated segregation, racial discrimination, and deliberately and methodically denied African Americans the right to vote. Their murder was a sad and dark hour for the whole Civil Rights Movement, and especially for those of us who participated in the Mississippi Summer project. When we realized that these three young men were missing, it broke our hearts, but it did not destroy our determination to continue the struggle to gain the right to vote.

For more than a thousand young people who risked their lives in Mississippi that summer, and for the mothers and the families of James Chaney, Mickey Schwerner, and Andy Goodman, maybe, just maybe, what happened today will offer some degree of closure. It took a long time to bring some resolution to this case, but justice is never too late. I hope that

this conviction will have a cleansing effect on our nation's dark racial past.

I also hope that the state of Mississippi and the American people will do more. I hope that we will seek and find appropriate ways to honor the sacrifices of these three young men. I hope that as a nation and as a people we will always remember that the struggle for civil rights in America is littered by the battered and broken bodies of countless men and women who paid the ultimate price for a precious right—the right to vote. We must not take that right for granted. We have a mandate from these three young men who gave their lives for our freedom in the red clay of Mississippi. We must continue the struggle for justice in America and around the world.

**INTRODUCTION OF THE MEDIKIDS
HEALTH INSURANCE ACT OF 2005**

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. STARK. Mr. Speaker, it is with great pride that I join my colleagues in the House today to introduce the MediKids Health Insurance Act of 2005. This bill is also being introduced in the Senate by my good friend, Jay Rockefeller.

Mr. Speaker, this year we are honoring the 40th anniversary of Medicare, our nation's health insurance program for the elderly and people with disabilities. At the time we created Medicare, our nation's seniors were more likely to be living in poverty than any other age group. Most were unable to afford needed medical services and unable to find health insurance in the market even if they could afford it. Today, as a result of Medicare's success, seniors are much less likely to be shackled by the bonds of poverty.

Now it is our nation's children who are most likely to be poor. Kids in America are nearly twice as vulnerable to poverty as adults. This travesty is not only morally reprehensible, it also denotes grave consequences for the future of our country. Poor children are often malnourished and have difficulty succeeding in school. Untreated illnesses only worsen the chance for success. The future of our country rests in our ability to provide our children with the basic conditions to thrive and become healthy, educated, and productive adults. Guaranteeing continuous health coverage is a critical component of realizing this potential.

The MediKids Health Insurance Act of 2005 assures that every child in the United States has health insurance by 2012. Modeled after Medicare—with benefits appropriate to children, simplified cost sharing, and comprehensive prescription drug coverage—MediKids covers America's kids from birth until age 23.

MediKids assures that families will always have access to affordable health insurance for their children. Parents retain the choice to enroll their kids in private plans or government programs such as Medicaid or S-CHIP. However, if a lapse in other insurance coverage occurs, MediKids automatically fills in the gap. MediKids is the ultimate safety net, available nationwide, with maximum simplicity, stability, and flexibility.

Many children's advocates and health care professionals who care for children are united

in their support for MediKids, including: the American Academy of Pediatrics, the Children's Defense Fund, the American Academy of Family Physicians, the American Academy of Child and Adolescent Psychiatry, the American Nurses Association, Consumers' Union, FamiliesUSA, the March of Dimes, the National Association of Children's Hospitals, the National Association of Community Health Centers, National Association of Public Hospitals and Health Systems, and the National Health Law Program. I am submitting a sampling of letters from these groups along with my statement.

I can think of no better use of Congress' time than to provide health insurance to every child. While some are fixated on flag burning, Terri Schiavo and banning gay marriages, my colleagues and I are offering solutions to real problems facing American families. Providing a simple, stable, and flexible health insurance option will afford millions of parents the peace of mind of knowing that their children will be cared for when they are sick. Our nation's priorities should be centered on creating a bright future for our children, and MediKids helps to achieve this goal.

I look forward to working with my colleagues and the many endorsing organizations to enact the MediKids Health Insurance Act of 2005.

**MEDIKIDS HEALTH INSURANCE ACT OF 2005—
BILL SUMMARY**

The MediKids Health Insurance Act provides health insurance for all children in the United States regardless of family income level by 2012. The program is modeled after Medicare, but the benefits are improved and targeted toward children.

MediKids is the ultimate safety net, with maximum simplicity, stability, and flexibility for families. Parents may choose to enroll their children in private plans or government programs such as Medicaid or S-CHIP. However, if a lapse in other insurance coverage occurs, MediKids automatically picks up the children's health insurance. MediKids follows children across state lines when families move, and fills the gaps when families climbing out of poverty become ineligible for means-tested programs.

ENROLLMENT AND ELIGIBILITY

Every child born after 2007 is automatically enrolled in MediKids. Older children are enrolled over a 5-year phase-in as described below. Children who immigrate to the U.S. are enrolled when they receive their immigration cards. Materials describing the program's benefits, along with a MediKids insurance care, are issued to the parent(s) or legal guardian(s) of each child. Once enrolled, children remain enrolled in MediKids until they reach the age of 23. There are no re-determination hoops to jump through because MediKids is not means tested.

PHASE-IN

Year 1 = the child has not attained age 6;
Year 2 = the child has not attained age 11;
Year 3 = the child has not attained age 16;
Year 4 = the child has not attained age 21;
Year 5 = the child has not attained age 23.

BENEFITS

The benefit package is based on the Medicare and the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits for children, with simplified cost sharing mechanisms and comprehensive prescription drug coverage. The benefits will be reviewed annually and updated by the Secretary of Health and Human Services to reflect age-appropriate benefits as needed with input from the pediatric community.