

job search and employment orientation process. Its active and extensive network of corporate partners in both the public and private sectors has resulted in this unprecedented job placement rate in a variety of positions in hospitality and customer service.

A cost-benefit analysis conducted by the State University of New York at Buffalo concluded that the "benefits of training blind and physically disabled persons for employment in the hospitality industry far outweigh the costs." The analysis found that "Statler Center graduates have employment rates significantly higher than national averages for persons with disabilities" with a return on investment for training the disabled found to be as high as \$51 for every \$1 invested.

A member institution of the Buffalo Niagara Medical Campus, The National Statler Center for Careers in Hospitality Service is located within this exciting 1200 acre world-class location in downtown Buffalo, New York where the focus is on clinical care, research, education and entrepreneurship.

On Thursday, July 29, 2010, the generous support of the center's contributing national and local foundation, community partners, staff, faculty, and most of all our dedicated students will be deservedly recognized as the 10th Anniversary of the Statler Center is celebrated. The festivities will begin with the graduation of the 34th Statler Class. These graduates will then join the more than 340 alumnae who are working in an array of jobs including: front desk clerks and managers in New York, night auditors in Michigan, PBX operators in California, customer service agents in Florida and a proprietor of a new hotel in Costa Rica opened by a truly entrepreneurial graduate.

The Statler Center's job-readiness training and follow-up advisement helps students become, and remain productive, valued employees and it is my honor to pay tribute to this outstanding program for ten years of exemplary service to individuals and their families. The efforts of this organization continue to make a difference in people's lives and are deserving of the highest recognition.

ON THE 36TH ANNIVERSARY OF
THE TURKISH INVASION AND
SUBSEQUENT OCCUPATION OF
CYPRUS

HON. NIKI TSONGAS

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 20, 2010

Ms. TSONGAS. Madam Speaker, today marks the thirty-sixth anniversary of the Turkish invasion and subsequent occupation of Cyprus. Since the late 1970s, the UN, with US support, has promoted negotiations aimed at reunifying the island. Despite high hopes for reconciliation in 2008, and despite some progress in that direction, the normalization process appears stalled.

We have a moral and ethical obligation to stand with Cypriots to reunify their island as a single sovereignty, with a single citizenship based on human rights, democracy and fundamental freedoms. It is time to acknowledge and rectify abuses against Greek Cypriots whose rights have been ignored or violated over these many years. It is time to find com-

mon ground and help Cyprus build a unified economy. According to the Peace Research Institute in Oslo, a successful federalist settlement could lead to an additional ten percent GDP growth within seven years.

I have spoken out on this issue before, and will continue to press for the day in which we have a reunified and prosperous Cyprus where Greek Cypriots and Turkish Cypriots can live together in peace, security and stability, free from foreign aggression and intervention.

HONORING PRIVATE FIRST CLASS
RICHARD M. DAWSON, USA

HON. ROBERT J. WITTMAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 20, 2010

Mr. WITTMAN. Madam Speaker, I rise today to honor and pay tribute to a fallen hero. Private First Class Richard M. Dawson of the United States Army served this country proudly and with the highest level of honor. He gave the ultimate sacrifice to this nation by paying with his life while fighting for freedom in one of this country's most trying conflicts, World War II.

PFC Dawson grew up on a farm in Haynesville in Richmond County, known affectionately by his family as "Norris". He enlisted in the U.S. Army in 1938 and was one of a select few chosen to join the Allied effort to regain control of Burma from the Japanese. In 1944, his Army Air Force unit was stationed in Dinjan, India, flying transport missions over "the Hump" of the Himalaya Mountains to supply American, British and Chinese forces fighting the Japanese in China and Burma. Despite reported bad weather conditions, his aircraft commander demonstrated extreme courage and elected to carry out its vital cargo-drop mission in the northern most portion of Burma. The Army reported the twin-engine C-47 Skytrain and its crew of seven took off to drop ammunition at Myitkyina in the mountains of northern Burma. Tragically, the aircraft never reached the drop zone and all seven crewmembers perished. Efforts to find the cargo plane were unsuccessful until late 2002 when a missionary provided U.S. officials with a data plate from a C-47 crash site approximately 31 miles northwest of Myitkyina. A Joint POW/MIA Accounting Command team excavated the crash site in 2003 and 2004, recovering additional remains and crew-related equipment which included an identification tag for Dawson.

The remains of the Richmond County airman were buried July 15, 2010 in Arlington National Cemetery with full military honors.

PFC Dawson is survived by his 78 year-old sister Christine King, who remembers the day in 1944 that a telegram arrived to tell the Dawson family that their son and brother was missing. He was 25 years old at the time. Dawson was a loving son who wrote frequent letters to his mother, beginning each one imploring her not to worry about him. This is a prime example of Dawson's selflessness which was exemplified throughout the duration of his service.

I extend to PFC Dawson's relatives my sincere condolences and deep appreciation for his service to our nation. We are forever ap-

preciative of the sacrifice he made to further the cause of freedom. We hope that his remaining family will find comfort in knowing he will rest in peace among America's finest who answered our nation's call to duty and who did so with bravery and valor.

HONORING JAMES R. WALKER,
CRNA, DNP, PRESIDENT OF THE
AMERICAN ASSOCIATION OF
NURSE ANESTHETISTS

HON. PETE OLSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 20, 2010

Mr. OLSON. Madam Speaker, today I pay tribute to James R. Walker, CRNA, DNP, of Pearland, Texas, in my congressional district. Dr. Walker will soon complete his year as national president of the American Association of Nurse Anesthetists (AANA). I am very pleased that a fellow Texan was elected by his colleagues as the 2009–2010 President of this prestigious national organization.

Founded in 1931 and celebrating its 79th anniversary, the AANA is the professional organization that represents more than 40,000 practicing Certified Registered Nurse Anesthetists (CRNAs) and nurse anesthesia students nationwide. As you may know, CRNAs are advanced practice nurses who administer more than 32 million anesthetics in the United States each year. CRNAs practice in every setting in which anesthesia is delivered: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of dentists, podiatrists, ophthalmologists, plastic surgeons; in the U.S. military, Public Health Service, and in Department of Veterans Affairs healthcare facilities. CRNAs also specialize in the management of pain. CRNAs provide anesthesia for all types of surgical cases and in some States are the sole anesthesia providers in the vast majority of rural hospitals, affording these medical facilities obstetrical, surgical and trauma stabilization services.

Dr. Walker was educated in the art and science of Nurse Anesthesia, at the Baylor College of Medicine in Houston, Texas. He earned his Bachelor of Science in Nursing (BSN) degree from the University of Oklahoma Health Sciences Center in Oklahoma City, Oklahoma. In addition, Dr. Walker holds a Doctor of Nursing Practice (DNP) from Texas Christian University in Fort Worth, Texas, and he is currently working on a Doctor of Philosophy (PhD) in Nursing at the Texas Women's University in Houston, Texas. Currently, he is the Director of the Graduate Program in Nurse Anesthesia at the Baylor College of Medicine, where he also serves as an Associate Professor of Anesthesiology.

Dr. Walker has held numerous leadership positions in the AANA as Regional Director and President-elect before becoming the National President of the AANA in August 2009. In addition, he has served terms as President, President-Elect, Vice-President, and Federal Political Director, for the Texas Association of Nurse Anesthetists (TANA).

While at the Baylor College of Medicine, he was awarded the J. David Holcomb Achievement Award for Allied Health Sciences Education, Research, Faculty Development, and

Scholarship; the Fulbright & Jaworski Faculty Excellence Award for Educational Leadership; and has been named Outstanding Academic Instructor numerous times. In 2004, the American Association of Nurse Anesthetists named him Program Director of the Year. Dr. Walker has been a Member of the Texas Nurses Association; a Member of the American Nurses Association; a Member of the American Academy of Pain Management (AAPM), and served as an On-site Team Reviewer for the Council on Accreditation of Nurse Anesthesia Educational Programs. Adding to his professional accomplishments, Dr. Walker has been recognized for speaking on anesthesia- and sleep apnea-related topics over the years.

During his AANA Presidency, Dr. Walker advocated for CRNAs and patients before the Centers for Medicare & Medicaid Services, the Health Resources Services Administration, and other federal agencies. In addition, Dr. Walker represented the AANA before the House Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies, testifying about the contributions of CRNAs in the Veterans Affairs and military health systems. Finally, Dr. Walker has been an invaluable advocate for the value of CRNAs in the environment of health reform, as the attention of the Nation and this Congress has been upon making high quality healthcare more accessible and less costly to patients, households, employers and our country. In particular, he has demonstrated leadership in promoting provider non-discrimination, supporting equity in anesthesia payment in educational settings, advancing patient access to rural CRNA services, and in reversing Medicare Part B cuts for anesthesia and physician services. Through his leadership, a landmark study on the cost effectiveness and quality of anesthesia professionals was published this summer in the journal *Nursing Economics*, showing specifically how CRNA services contribute to cost-effective and well-managed healthcare delivery in hospitals and ambulatory surgical centers.

Madam Speaker, I rise to ask my colleagues to join me today in recognizing the outgoing President of the American Association of Nurse Anesthetists, Dr. James R. Walker, CRNA, DNP, for his notable career and outstanding achievements.

INTRODUCTION OF THE PERSONALIZE YOUR CARE ACT OF 2010 WHICH WOULD PROVIDE COVERAGE UNDER MEDICARE AND MEDICAID FOR VOLUNTARY ADVANCE CARE PLANNING CONSULTATIONS; MAKE GRANTS AVAILABLE FOR COMMUNITIES TO DEVELOP PROGRAMS TO SUPPORT "PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT" TO SUPPORT PATIENT AUTONOMY ACROSS THE CONTINUUM OF CARE; REQUIRE ADVANCE CARE PLANNING STANDARDS FOR ELECTRONIC HEALTH RECORDS; AND ALLOW PORTABILITY OF ADVANCE DIRECTIVES ACROSS STATES

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 20, 2010

Mr. BLUMENAUER. Madam Speaker, today I am proud to introduce the Personalize Your Care Act of 2010.

Advances in healthcare have led to increasingly complex health care decisions and more treatment options than we have ever had the benefit, or the burden, of choosing between. Both Democrats and Republicans agree that individuals should be fully involved in decisions related to their health care, making informed decisions that reflect their values and their needs. We also agree that when people have expressed their wishes, those wishes should be known and respected.

While there is widespread agreement in these principles, too often this is not the reality. Most adults have not completed an advance directive; if documents are completed, they are not regularly revisited and can be difficult to locate. Because these issues are difficult to discuss, surrogates can feel ill-prepared to interpret their loved ones' written wishes.

These shortcomings often leave families and health care proxies faced with the burden of determining their loved ones' wishes in the midst of crisis, sometimes with little or no information about how best to direct care. This adds not only stress and anxiety to an already difficult situation, but studies show that lack of advance care planning actually prolongs the grieving process after losing a loved one.

One of the greatest misconceptions about advance care planning is that it is a one-time event. Attempting to plan for all possibilities in a single document or within a single conversation is both overwhelming and impossible. Early advance care planning is important because a person's ability to make decisions may diminish over time and he or she may suddenly lose the capability to participate in his or her health care decisions. Ongoing conversations are also necessary.

For advance care planning to be successful, it must become less about legal documentation and more about facilitating ongoing communication about future care wishes among individuals, their health care providers, and surrogates. This approach recognizes that advance care documents like advance directives are not the "ends", but the "means"—the tools for documenting care preferences based on informed decisions that incorporate an indi-

vidual's values, personal goals, and current circumstances.

This process not only provides higher quality care, but personalized care.

The Personalize Your Care Act aims to support advance care planning by providing Medicare and Medicaid coverage for voluntary consultations about advance care planning every 5 years or in the event of a change in health status. This periodic revisiting of advance care documents and goals of care recognizes that individual's preference may change over time. More so, should an individual develop a serious or chronic illness, additional curative and palliative treatment options may be available and the advance care plan should be updated to reflect the individual's current circumstances and preferences.

Honoring the expressed wishes of individuals must also be a priority and for this to occur, advance care planning documents must be accessible where care is provided. To this end, the bill would ensure that an individual's electronic health record is able to display his or her current advance directive and/or physician orders for life sustaining treatment (POLST), so that his or her wishes would be more easily accessible and respected. Furthermore, advance directives would be more portable to help individuals ensure that advance directives completed in one state are honored in another state in which the individual needs care.

And lastly, the bill provides grants to states to establish or expand physician orders for life sustaining treatment programs. These programs have a track record of promoting patient autonomy through documenting and coordinating a person's treatment preferences, clarifying treatment intentions and minimizing confusion, reducing repetitive activities in complying with the Patient Self Determination Act, and facilitating appropriate treatment by emergency personnel.

These investments in advance care planning will reinforce patient-centered care—engaging individuals in planning and decision-making about their future care and ensuring that those preferences are documented, accessible, and can be honored in any state and care setting.

I am proud to introduce the Personalize Your Care Act with the support of patient advocates, physicians, nurses, and the faith community who see everyday how advance care planning improves individuals' and families' peace of mind and the quality of their care.

I would like to submit for the RECORD letters of support from the AARP, Supportive Care Coalition, National Hospice and Palliative Care Organization, and American Hospital Association.

AMERICAN ASSOCIATION OF

RETIRED PERSONS,

July 19, 2010.

Hon. EARL BLUMENAUER,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE BLUMENAUER: AARP is pleased to endorse the Personalize Your Care Act of 2010. Your bill ensures that more Americans have the opportunity to better plan and prepare for their future health care needs. Early advance care planning informs physicians, other health care providers, and family members of an individual's treatment preferences should he or she become unable to direct their own care. This planning and informed decision-making between patients,