to most of the Japanese Americans who were subjected to wrongdoing and confined in U.S. internment camps during World War II. Those loyal Americans were vindicated by the fact that not a single documented case of sabotage or espionage was committed by a Japanese American during that time. The Civil Liberties Act was the culmination of a half century of struggle to bring justice to those for whom it was denied. I am proud that our nation did the right thing. But 19 years after the passage of this act, there still remains unfinished work to completely rectify and close this regrettable chapter in our nation's history.

Between December 1941 and February 1945, approximately 2,300 men, women, and children of Japanese ancestry became the victims of mass abduction and forcible deportation from 13 Latin American countries to the United States. The U.S. government orchestrated and financed the deportation of Japanese Latin Americans to be used as hostages in exchange for Americans held by Japan. Over 800 individuals were included in two prisoner of war exchanges between the U.S. and Japan, where many were deported to a foreign country that they had never set foot on since their ancestors' immigration to Latin America. The remaining Japanese Latin Americans were imprisoned in internment camps without the benefit of due process rights until after the end of the war.

Further study of the events surrounding the deportation and incarceration of Japanese Latin Americans is both merited and necessary. The 1981 Commission on Wartime Relocation and Internment of Civilians acknowledged the federal actions in detaining and interning civilians of enemy or foreign nationality, particularly of Japanese ancestry, but the commission had not thoroughly researched the historical documents that exist in distant archives pertaining to Japanese Latin Americans.

It is for all these reasons, Madam Speaker, that I rise today to introduce the Commission on Wartime Relocation and Internment of Latin Americans of Japanese Descent Act. We must review directives of the United States military forces and the State Department requiring the relocation, detention in internment camps, and deportation of Japanese Latin Americans to Axis countries and recommend appropriate remedies based upon preliminary findings by the original commission and new discoveries. It is the right thing to do to affirm our commitment to democracy and the rule of law.

I am proud that there are many Members of Congress and community activists who have come together in this continuous fight for justice. I especially thank Representatives DAN LUNGREN, MIKE HONDA, and CHRIS CANNON for their commitment to this issue and joining me in this effort. The Campaign for Justice and the Japanese American Citizens League have been the vanguard organizations driving this effort.

Madam Speaker, let us renew our resolve to build a better future for our community by dedicating ourselves to remembering how we compromised liberty in the past by passing the Commission on Wartime Relocation and Internment of Latin Americans of Japanese Descent Act. Doing so will help us guard it more closely in the future and help us commit ourselves to justice.

INTRODUCTION OF THE KEEPING FAMILIES TOGETHER ACT

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 24, 2007

Mr. KENNEDY. Madam Speaker, imagine having a child with a potentially fatal disease. Imagine the pain of watching your child suffer, even while effective treatments are out there, only not available to your family. Now imagine that you had to choose between watching your child in agony, maybe even slowly dying, or getting her the care she needs but only by relinquishing your parental rights.

This kind of choice is barbaric, senseless, and common.

I rise in support of the Keeping Families Together Act, a collective effort initiated by myself, Representative RAMSTAD, Representative STARK, and Senator COLLINS dedicated to improving the lives of children and adolescents living with mental disorders. The time is now to close systemic shortfalls in our social service and health care systems that revictimize children who suffer from chronic mental health disorders.

Every year in this country, thousands of families are forced to relinquish custody of their children to the state in order to secure vitally necessary—even life or death—health care for their seriously ill children. These needed services are extremely expensive and private insurance often runs out prior to children being adequately treated. The financial burden of caring for a child with a chronic mental illness often exceeds what a family can bear. Many of these children remain Medicaid-ineligible because their parents' income and assets prevent them for qualifying for this assistance. These are not families who want to turn their children over to state authorities. These are reluctant families. Families who have suffered, and have arrived at the all too painful reality that they have exhausted all resources available short of turning their child over to the State.

The choice between custody and care is one that no parent should be forced to make. Clinical child experts tell us that the best place for a child to receive care is in the context of a supportive family relationship. Intuitively, we know this to be true. The family is the primary institution of care and nurturing for children, and families should be empowered to provide the needed care for their children through access and support.

The cornerstone of the Keeping Families Together Act is the provision of competitive grants to states, conditioned on the existence of state laws and policies to ensure that children receive appropriate mental health services and that their parents do not have to relinquish custody of their children. These Family Support Grants will in part: (1) establish interagency systems of care as an alternative to custody relinquishment, (2) facilitate the design of a statewide system of care which would involve collaboration between state child-serving agencies, parents, providers, and other stakeholders, (3) only fund activities which demonstrate benefit to children who are already in or are at risk for entering state custody solely for the purpose of receiving mental health services.

This bill would establish a federal interagency task force to examine mental health issues in the child welfare and juvenile justice systems, make recommendations to Congress, and guide the implementation of the grant program. States will be required to report annually on the success of the programs and activities implemented by the State under the grant.

The Keeping Families Together Act seeks to redress the inexcusable emotional disruption that is inflicted upon thousands of children and their parents by maintaining a system of care that forces good families to relinquish custody of their children to the bureaucrats and institutions of the state. Nobody can think that kind of system is good for anyone, and it's no wonder this bill has broad bipartisan support. It is counterproductive, and clinically counter-indicated, to separate emotionally vulnerable children from their core system of nurturing and support. The Keeping Families Together Act provides the safety net that families need and deserve, because parental rights should never be a trade off for children's health care.

I look forward to working with my colleagues on both sides of the aisle to pass this law this year and keep these families together.

SOCIAL SECURITY AND MEDICARE IMPROVED BURN INJURY TREATMENT ACCESS ACT OF 2007

HON. RICHARD E. NEAL

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 24, 2007

Mr. NEAL. Madam Speaker, I rise today to introduce the Social Security and Medicare Improved Burn Injury Treatment Access Act of 2007. This legislation provides a waiver of the 24-month waiting period now required before an uninsured individual becomes eligible for Medicare coverage for disabling burn injuries, as well as the five-month waiting period for Social Security disability benefits.

Each year an estimated 500,000 people are treated for burn injuries. Of these 500,000 injuries, about 40,000 require hospitalization. Fire and burn deaths average about 4,000 per year.

Burn care is highly specialized. While there are thousands of trauma centers in the United States, there are only 125 burn centers with a total burn-bed capacity of just over 1,800. These specialized burn centers treat about 25,000 or 200 admissions per year, out of the total 40,000 admissions, while the other 5,000 U.S. hospitals without burn centers average less than three burn admissions per year.

Medical care for serious burn injuries is very expensive, which places a great financial strain on burn centers, about 40 percent of whose patients are uninsured. Because of these financial challenges, burn centers in Pennsylvania, Mississippi, Iowa and South Carolina have closed in just the past two years.

This is occurring at a time when the federal government is asking burn centers to expand their capacity to deal with mass casualty scenarios. The Departments of Health and Human Services and Homeland Security have included burn centers in the Critical Benchmark Surge Capacity Criteria in the funding continuation requirements for state plans administered through the Health Resources and Services Administration (HRSA). HSS, in conjunction with the American Burn Association,

has created a real-time, web-based burn-bed capacity system in the national emergency preparedness center and funded Advanced Burn Life Support (ABLS) and clinical, on-site burn nurse training for 200 public health service nurses as a reserve capacity for potential mass burn casualty incidents, as well as supporting more than 20 ABLS courses with over 600 first-responders in ten key areas of the country.

The 9/11 terrorist attacks on New York City and Washington, D.C., and major accidents like the Rhode Island nightclub fire and North Carolina chemical plant explosions demonstrate the substantial number of burn injuries that can result from such events. Over one-third of those hospitalized in New York on 9/11 had severe burn injuries. The Department of Homeland Security has recognized that there would be mass burn casualties in terrorist acts, and there is a need for appropriate preparedness activities. For example, if the United States should suffer further terrorist attacks using explosions, incendiary devices or chemical weapons, most victims would suffer severe burn injuries.

Even a relatively modest number of burn injuries can consume large segments of the nation's burn bed capacity. For example, the victims of the Rhode Island nightclub fire absorbed the burn bed capacity of most of the northern East Coast of the United States. Mass burn casualties that reach into the hundreds or thousands would strain the system to the breaking point.

It is clear that burn centers are a national resource and a critical link to public health emergency preparedness. Medicare coverage for serious, disabling burn injuries would enable these burn centers to remain financially viable and preserve an essential component of our public health emergency infrastructure.

This legislation follows an approach already taken with respect to End Stage Renal Disease (ESRD) and amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), both of which result in waivers of the 24-month waiting period for Medicare eligibility. While these two diseases tend to be progressive in nature, the very initial phase of a serious burn injury is when things are most acute.

Providing immediate Medicare coverage for uninsured patients suffering serious, disabling burn injuries is a fully justified and necessary step. Although not all hospitalized burn injuries would qualify as "disabling" and thus result in immediate Medicare coverage, this legislation is about providing coverage for the many uninsured patients suffering from serious burn injuries and ensuring the survival of a vital national resource that already is in jeopardy, a situation we cannot accept as we seek to prepare the nation to deal with potential mass casualty terrorist events.

PARAMOUNT 50TH ANNIVERSARY

HON. LINDA T. SÁNCHEZ

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 24, 2007

Ms. LINDA T. SÁNCHEZ of California. Madam Speaker, 50 years ago, on January 30, 1957, the village residents of Clearwater and Hynes, who shared a five-square mile area of Southeast Los Angeles, came together to preserve a way of life by merging their communities into the City of Paramount.

Clearwater, first settled in 1886, and Hynes, settled in 1898, were two villages mutually bonded through their shared dairy and hay industries. The new city was named after the main boulevard that ran through the business district. At the time of Paramount's incorporation, the area was one of the Nation's largest dairy producers and the world's biggest receiving point for hay. Paramount began as home to more cows than people, with an estimated 25,000 cows in its city limits. During this time Paramount did $1 million worth of business a month—$150,000 from cream alone. As the dairies thrived, so did the banks, grocery stores, businesses, and restaurants downtown.

During the 1960s and 70s, Paramount transitioned into a more urban landscape with many of the dairies moving out to more rural areas, taking a large portion of the local workforce with them. Neighboring and nearby cities built suburban shopping malls and housing developments, which strained the small merchants of Paramount and aided in the City's loss of business revenue.

By the late 1970s, the major agricultural centers of Paramount, known for its dairies and hay market, fields and feedlots, were overtaken by concrete and asphalt. Unfortunately, county planners thought Paramount was better suited for auto repair shops and salvage yards. The following years brought uncontrolled growth and ultimately lead to an overbuilt environment that eventually deteriorated in many areas of town. Despite such challenges, Paramount's fate was not sealed.

Paramount became the exception to the rule. The City took heed of its "disaster area" status in the early 1980s and, rather than sink under the weight of its problems, chose a proactive plan to turn itself around. This eventually turned Paramount's "Rust Belt" status into "The Revitalization of Paramount."

The City launched a concerted effort to make physical improvements everywhere in town. By using municipal tools like zoning ordinances, planning regulations, design guidelines, redevelopment, and economic incentives, the City took it upon itself to inspire its residents and business owners to think big and reach for something more. Thus began Paramount's turnaround.

By confronting urban blight and providing exceptional city services, Paramount thrived economically and culturally. Paramount, California is now known for its successful transformation and its attractive business climate and quality of life. The City has received numerous awards for its forward thinking.

Today, Paramount is a growing community of landscaped boulevards, enhanced police service, parks, recreation programs, affordable housing, public art, and tree-lined neighborhoods with white picket fences.

I want to share Paramount's success with the rest of our Nation as a model of one city's can-do attitude and ability to overcome the destruction that urban blight can wreak on our most precious assets—our communities and the people that live in them.

TRIBUTE TO CARLOS LEZAMA, FATHER OF THE LABOR DAY CARNIVAL IN BROOKLYN

HON. YVETTE D. CLARKE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 24, 2007

Ms. CLARK. Madam Speaker, I rise today to pay homage to a great American, a role model, leader, innovator and certainly one of the finest gentlemen in the history of my home state of New York.

I extend my deepest condolences to the family and friends of Carlos Lezama, the Father of Brooklyn's world-famous West Indian-American Labor Day Carnival.

Carlos Lezama was born of humble beginnings in the Caribbean nation of Trinidad & Tobago.

What is now the largest outdoor summer festival in the United States began over 40 years ago as a small celebration of Caribbean immigrants in Harlem. It was initially held each February to coincide with Carnival celebrations in Trinidad & Tobago. As the wintry weather typical of New York in February began to impact the nascent celebration, Mr. Lezama moved Carnival to Labor Day Weekend and relocated the festivities to Brooklyn, in the heart of the eleventh Congressional District. Under Carlos' guidance and innovation, Brooklyn's Labor Day Carnival has grown to attract more than four million participants every year from all walks of life across the city and across the Nation.

Carlos molded a nostalgic longing for "the old country" into an integral part of the fabric of New York City. For immigrant families like my own, Labor Day Carnival has always been a source of pride. Its very existence says there is a place for me in this great Nation; my parents are Caribbean-Americans who emigrated from Jamaica to this country in search of the American dream. The success of Labor Day Carnival and Mr. Lezama himself is a testament to the promise of America.

Carlos Lezama passed away on Tuesday, January 22, 2007. As he joins the ancestors, it is my honor to salute him. A great son of Trinidad and Tobago and a great American; Carlos Lezama will be sorely missed.

TRAVIS McCORMICK KLEENWOOD DAY

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 24, 2007

Mr. POE. Madam Speaker, Saturday, January 27, 2007, is not an ordinary day for the community of Kingwood, Texas. Before many people get out of bed, residents will be up armed with trash bags waging a war against litter.

The "Travis McCormick Kleenwood Day" is an annual event where people of all ages volunteer to clean up their neighborhoods. They don't do it because they have to; they do it because they have pride in their community.

This year will mark the fourth annual Kleenwood Day. This effort is spearheaded by Kingwood Chamber of Commerce President Sparky Nolan. Because of Sparky's determination and enthusiasm, the number of volunteers continues to grow exponentially.