

four-wheeling. He met his wife while stationed at Fort Lewis, WA, and their daughter is only 4 months old.

Specialist Groepper was assigned to Headquarters and Headquarters Company, 2nd Battalion, 23rd Infantry Regiment, 2nd Infantry Division out of Fort Lewis, WA. He will be remembered for his courageous sacrifice and energetic personality. Kingsley mayor Wayne Plendl describes Groepper as "a nice, nice young man who was highly thought of." He will be greatly missed. I ask my colleagues here in the Senate and all Americans to remember with gratitude and appreciation a heroic soldier, SPC Chad D. Groepper.

ASSURED FUNDING FOR VETERANS HEALTH CARE ACT

Mr. JOHNSON. Mr. President, on February 14, 2008, I was pleased to introduce the Assured Funding for Veterans Health Care Act, along with my colleague Senator SNOWE. This legislation is the companion bill to legislation introduced in the House by Representative Phil Hare, with a number of cosponsors.

This bill will make spending for the VA health care system mandatory, rather than discretionary. Under this legislation, the base-line funding year would be 130 percent of the fiscal year 2006 VA health care budget. This amount would be adjusted annually to reflect the total number of veterans participating in the VA health care system and would account for the annual rise in the cost of providing health care services.

From 1996 to 2003, the enrolled VA patient population increased 134 percent. Appropriated funding, however, only increased 44 percent. These discrepancies are intolerable. We must give the VA the funding it needs to provide our service men and women with the quality health care they deserve and were promised.

As chairman of the Military Construction and Veterans Affairs Appropriations Subcommittee, I was pleased to help secure full funding for the VA for the first time in 21 years. The Assured Funding for Veterans Health Care Act is needed, however, to ensure that this is a regular occurrence. Our veterans deserve to know that Congress will provide for their health care needs and will not subject them to the whims of the annual appropriations process.

This legislation enjoys the support of every major military and veterans association, including the American Legion, the Disabled American Veterans, the Paralyzed Veterans of America, and the Veterans of Foreign Wars. I commend this legislation to the attention of my colleagues and urge them to lend their support by cosponsoring this bill.

THE MATTHEW SHEPARD ACT

Mr. SMITH. Mr. President, I rise today to speak about the need for hate

crimes legislation. Each Congress, Senator KENNEDY and I introduce hate crimes legislation that would strengthen and add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society. Likewise, each Congress I have come to the floor to highlight a separate hate crime that has occurred in our country.

On February 12, 2008, Lawrence King, an eighth grader in Ventura County, CA, was shot at school allegedly for being gay. He was known by classmates as an outcast who often came to school in high heels, jewelry, and makeup. He had come out just weeks before the shooting. King was working in a computer lab along with 20 other students that day when, witnesses say, 14-year-old classmate Brandon McInerney approached Lawrence and shot him in the head with a handgun. King was rushed to a local hospital where he was later declared brain dead. Once the victim died, prosecutors charged McInerney with murder as a premeditated hate crime and gun possession. He will be tried as an adult.

I believe that the Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. Federal laws intended to protect individuals from heinous and violent crimes motivated by hate are woefully inadequate. This legislation would better equip the Government to fulfill its most important obligation by protecting new groups of people as well as better protecting citizens already covered under deficient laws. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

100TH ANNIVERSARY OF THE U.S. ARMY RESERVE

Mrs. BOXER. Mr. President, I take this opportunity to observe the 100th anniversary of the U.S. Army Reserve and to recognize its installations in California that comprise the U.S. Army Combat Support Training Center, CSTC.

Initially established by Congress in 1908 to provide a reserve force of medical officers, today's Army Reserve is a vital operational component in the world's most powerful and sophisticated Army. The Army Reserve provides the specialized skills and manpower the Army depends on and currently assists the Army in locations worldwide, including Iraq, Afghanistan, the Horn of Africa, the Philippines, and Latin America. As a result of their extensive peacetime and wartime accomplishments over the last 100 years, the men and women who have served and continue to volunteer to serve in the U.S. Army Reserve deserve the greatest respect and admiration.

Established in June 2005, CSTC is the Army's newest training center and the first of its kind to serve as a premier training center for Army Reserve soldiers in the Western United States.

CSTC provides ranges, training areas, and facilities to prepare and train Army Reserve soldiers and encompasses four geographically separated installations throughout northern and central California: Moffett Field in the city of Mountain View, B.T. Collins Army Reserve Center in the city of Sacramento, Camp Parks in the city of Dublin, and Fort Hunter Liggett in southern Monterey County.

Until 1993, Camp Parks and Fort Hunter Liggett were separate installations under the control of the U.S. Army Reserve Command, USARC. However, in 1995, USARC placed these two posts under Fort McCoy, WI, which in turn developed the original CSTC concept. With headquarters at Camp Parks, which oversees the base operations, training facilities, and housing assets of Fort Hunter Liggett and Camp Parks, the CSTC also provides military housing at Moffett Field and lodging and dining facilities at the B.T. Collins Army Reserve Center.

I commend the CSTC for its success in providing the training grounds, facilities, and support to Army Reserve soldiers. The world-class support and training reservists receive at CSTC is worthy of the utmost praise. I commend the U.S. Army Reserve for 100 years of stellar service to our State and Nation. I will continue to support the Army Reserve as a vital component of America's national defense.

HONORING THE PEACE CORPS

Mr. PRYOR. Mr. President, today I wish to honor National Peace Corps Week and the 47th anniversary of the Peace Corps. I add my voice to celebrate the hard working men and women who volunteer for Peace Corps service.

As an Arkansan and a believer in Senator J. William Fulbright's legacy, I consider this program to be one of the most important mechanisms we have to encourage international cooperation, peace, and security. I believe we are morally obliged to help those in need around the world and work to reduce poverty in order to fight global epidemics, to enhance education, and to reduce hunger.

I am continually heartened by the good works of Arkansans in the State, Nation, and abroad. Our State has a storied history of service, and I am pleased that there are 36 Arkansans currently serving as Peace Corps volunteers in Africa, Eastern Europe, Asia, and Latin America. I am proud to say that Arkansas is also home to one of the pioneering families of the Peace Corps, Carolyn and the late Bob Moffett. Inspired by President Kennedy's challenge to the American people, Bob entered into service as a volunteer in the summer of 1962. Carolyn was with Bob every step of the way and devoted her life to taking care of her family and the other volunteers; hosting holidays, weddings, and even funerals.

But Bob and Carolyn are just one story in the 47 years of Peace Corps history. Working in the fields of education, health and HIV/AIDS, the environment, youth, agriculture, information technology, and business development, 190,000 brave men and women, serving in 139 countries, have dedicated over 2 years of their lives to make significant achievements, enriching the lives of others and serving their country.

In these uncertain times, Peace Corps volunteers remain committed to the goals of international peace, friendship, and understanding by sharing their unparalleled experience to those back home. I pray that the good work of these and other Peace Corps volunteers will raise awareness and that others will be called to follow their good example.

For the record, I would like to submit the names of the 36 Arkansans currently serving in the Peace Corps. They are John Armstrong, Amanda Barker, Anthony Barnum, Melanie Berman, Susan Boswell Pierce, Robert Bryant, Allyson Carr, Adam Carson, Garrard Conley, Erin Gibbs, Jared Gillis, Laurel Gladish, Allison Green, Rebecca Hedges, Cameron Highsmith, Brian Hilburn, Joseph Hill, James Hollins, Jenny Hurst, Julia Jones, Adelia Kittrell, Nicholas Klinger, Theodis Lever, Tara Loftis, Stanley Luker, Jennifer Lusk, Daniel McGinley, Joshua Mosley, Danielle Rinke, Mary Rinnert, Rebecca Robinson, Deborah Romes, Christin Spradley, Kristen Straw, Jackson Taylor, Nikolette Williams. I thank them all for their devoted service to their country and steadfast dedication to improving the lives of the disadvantaged.

ADDITIONAL STATEMENTS

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

REMEMBERING DEAMONTE DRIVER

• Mr. CARDIN. Mr. President, today I come to the floor to mark the 1-year anniversary of Deamonte Driver's death.

Deamonte was a 12-year-old from Prince George's County, MD. He died at Children's Hospital here in Washington as the result of a brain infection brought on by an untreated tooth abscess.

The Driver family, like many other families across the country, lacked dental insurance. At one point his family had Medicaid coverage, but they lost it because they had moved into a temporary shelter and their paperwork fell through the cracks. When advocates for the family tried to help, it took more than 20 calls just to find a dentist who would treat him.

Deamonte began to complain about a headache on January 11. But an evaluation at Children's Hospital led beyond

basic dental care to emergency brain surgery. He later experienced seizures, and he then required a second operation.

Even though he received additional treatment and therapy, and he appeared to be recovering, medical intervention had come too late. Deamonte passed away on Sunday, February 25, 2007.

At the end, the total cost of his treatment exceeded a quarter of a million dollars—more than three thousand times the \$80 it would have cost for a tooth extraction.

When his case was brought to light, I believe that it served as a wake-up call for our Nation. Many of my colleagues also came to the Senate floor to speak about the lessons of this case. Senators BINGAMAN, COLLINS, SNOWE, and SANDERS, and many others, have been outspoken about these issues for years, and I want to acknowledge and thank them for their efforts.

We talked about the realities of access to dental care in this country. Here are some basic facts:

According to the American Academy of Pediatric Dentistry, dental decay is the most common chronic childhood disease among children in the United States. It affects one in five children aged 2 to 4, half of those aged 6 to 8, and nearly three-fifths of 15-year-olds. Tooth decay is five times more common than asthma among school-age children. Children living in poverty suffer twice as much tooth decay as middle- and upper-income children; 39 percent of Black children have untreated tooth decay in their permanent teeth; 11 percent of the Nation's rural population have never visited a dentist; and an estimated 25 million people live in areas that lack adequate dental care services.

Today the Senate is moving toward completion of the Indian Health Care Amendments Act of 2007, a bill that I support. According to a study released this week in the Journal of the American Academy of Pediatrics, of all groups in this country, Native American children had the worst access to dental care, and double the odds of White children of having their dental needs unmet.

At the end of January, a survey from the Maryland Department of Health and Mental Hygiene showed that fewer than one-third of Maryland kindergarten and third grade students have dental sealants. This report also shows that a third of these students also have untreated dental disease. These results correspond with the findings of a Dental Action Committee that our Health Secretary convened last year.

As we move forward, I want to emphasize that this is not just about dental care. This is a question of whether we are truly committed to improving the overall health of our children. Our former Surgeon General C. Everett Koop, once said, "There is no health without oral health."

Medical researchers have discovered the important linkage between plaque

and heart disease; that chewing stimulates brain cell growth; and that gum disease can signal diabetes, liver ailments and hormone imbalances. They have learned the vital connection between oral research and advanced treatments like gene therapy, which can help patients with chronic renal failure. They determined that a pregnant woman who has periodontal disease can be as much as seven times more likely to give birth to a premature or low-birthweight baby.

We heard the call to action in the 110th Congress, and demonstrated strong support for efforts to improve dental care for children in our Nation.

One year ago, I said that I hoped that Congress would include a dental guarantee in the CHIP reauthorization bill. We did that in a fiscally responsible way with bipartisan support. We also added provisions to improve the availability of information about dental coverage and participating dentists. But the President chose to veto that bill. We will keep trying because we know how important these provisions are to the overall health of our Nation's children.

We will also continue to work to increase funding for grants to States and expand training opportunities for pediatric dentists. We do not have enough professionals who are trained and available to treat children with dental problems, and it is a Federal responsibility to fix that. And we must improve public reimbursements to dental providers in offices and clinics so that no child who needs treatment will be turned away.

February is National Children's Dental Health Month. And so, this is a sad anniversary, but it is also our opportunity to recommit ourselves to addressing one of the most pressing health care issues facing our children. It is our duty to do so. We will never forget Deamonte Driver and we will never forget our responsibility to improving dental care for America's children.●

IN MEMORY OF OFFICER RANDAL SIMMONS

• Mrs. BOXER. Mr. President, the city of Los Angeles and the nationwide law enforcement community has lost an exemplary leader. Officer Randal Simmons, a 27-year veteran of the Los Angeles Police Department and 20-year member of the department's elite Special Weapons and Tactics Team, SWAT, is the first officer in the team's four-decade history to die in the line of duty. I would like to take a few moments to recognize Officer Randal Simmons' many important accomplishments and the tremendous impact he made as a leader in both his personal and professional life.

Originally from New York City, Simmons' family moved to southern California early in his life. He graduated from Fairfax High School in 1974 and then attended Washington State University where he studied criminology