population of 24 states and the District of Columbia.

I know we can reverse this trend because we have done it in the past. During my first year in the U.S. Senate, I helped create the State Children's Health Insurance Program (SCHIP). Today, all 50 States have SCHIP programs covering millions of needy children who do not qualify for Medicaid.

Last night in his State of the Union address, President Bush highlighted the need to make insurance more affordable for working Americans. I couldn't agree more. He also asked Congress to give lower-income Americans a refundable tax credit to allow millions to buy basic health coverage.

Last year, the President's ten-year refundable tax credit proposal to cover the uninsured would have helped up to 14 million people with increased access to care: 6 million previously uninsured Americans could gain health care insuranced and 8 million could improve their coverage.

This would be a great start. But we must act, and we must act now, before health insurance coverage erodes even further. Last year, Congress set aside $50 billion to cover the uninsured—less than in previous years—and once again, Congress failed to act.

Helping provide health care for working families and children is not a partisan issue.

Having access to health insurance is the best predictor of access to health care. Without access to preventive care, millions of people suffer needlessly every year, and often require more expensive, less effective emergency care.

But suffering is only part of the equation. Eighteeen thousand Americans die every year for lack of access to health care. That translates to two people dying every hour because they were uninsured.

I ask my colleagues to come together to help solve this problem that has affected so many of our friends and neighbors. I ask my colleagues to make it a priority to preserve and expand access to health care coverage in the United States, and I ask that we do it before the end of this Congress.

It is the right thing to do, and the right time to do it. Thank you, Mr. President, I yield the floor.

BIOMETRICS—THE TECHNOLOGICAL ADVANCEMENT IN ANIMAL IDENTIFICATION

Mr. ALLARD. Madam President, it has been brought to my attention that the Department of Agriculture has put for comment their rules and regulations on animal identification, in particular beef. It is not unusual that by the time Federal agencies in today's environment get around to issuing their rules and regulations, or by the time Congress passes legislation, our technology has moved so quickly that those provisions become outdated. I am concerned this could be happening with the Department of Agriculture promulgating rules on the radio frequency identification, RFID, tag in United States animal identification. It has an internal code structure that identifies a specific bovine, but if something happens to the tag, there is no way of re-establishing the animal's identification. That is, there is no way of re-establishing the animal's identification unless another form of permanent identification is obtained. That is why it is so important to discuss the use of biometrics in animal verification, and more specifically, to fully explore the use of retinal scanning for identification purposes.

It is my understanding that the rules and regulations may exclude the use of retinal scanning because the rules that the USDA is considering do not address or allow the use of a ''secure permanent identifier,'' or at the least, they could be interpreted to discourage its use. I have personally viewed such retinal scanning technology and believe that it can be a practical way to identify individual animals, or lots of animals, and that this technology should not be put at a disadvantage because of a policy position by the Department of Agriculture.

With the December 23 discovery of a cow infected with bovine spongiform encephalopathy, BSE, the United States faced a real-life test of our animal identification and tracking system. Identification of livestock is very advanced in the United States, but even with our system, it took days to track that BSE-infected cow to Canada.

As part of our efforts to confront, control and eliminate the risk of BSE and to address future animal health emergencies, we should consider putting into place systems that can easily and rapidly identify an animal and tell us where it has been. It must be able to tell us what animals it has been in contact with and where those contacts are now. The system should do this rapidly, securely and without error.

I commend the efforts of the USDA and industry who have been working together for some time to design a national animal identification plan. During the intervening period, new technologies have continued to emerge. As the USDA looks at implementing a national animal identification plan, it is important that we utilize the best of today's technologies. For instance, a primary objective of this plan, as proposed, is to trace any animal within 48 hours. With the technology available to us in this country, we can be looking at systems that can locate animals in minutes—not hours—with great accuracy.

To assure the American public and our export customers that we have not lost track of any animals, the U.S. animal identification plan should allow use of a secure, tamper-resistant image of the animal's retinal vascular pattern that is more unique than a human fingerprint. Retinal scanning identifies the animal, not the identifier. The majority of the other animal identification systems work on the basis of adding an identifier to the animal, such as a visual or electronic marker or tag and then recording that identifier. Identifiers like this can be lost or changed and are not secure. Some estimates put livestock tag loss in the range of 5 to 8 percent—an unacceptable scenario when considering the ramifications that this could mean to the beef industry.

I hope that the national animal identification plan does not preclude the use of new technologies introduced since the plan's inception, especially when these technologies exceed the proposed plan's performance objectives. Several U.S. companies are not waiting for the USDA, but are rapidly installing retinal imaging technology in their own plans to significantly improve their ability to track livestock. These companies should not be forced to also adopt a poorer performing technology because the plan mandates a certain, specific technology.

It is critical that the plan's systems be audited for performance and reliability to verify that they are actually working. We must be able to measure and document how many animals are misidentified or lost. Since retinal scanning technology uses secure, tamper-resistant, retinal patterns, it is currently the only available method against which to verify the performance of any tag-based system.

We should be using the most current technology available—the Global Positioning System, GPS. By linking the Global Positioning System to a secure identifier such as a retinal scan, the time, date, and location of the animal can be captured when the eye is scanned, proving beyond a doubt that ''this animal was at this place at this time.'' Furthermore, the use of GPS coordinates provides USDA with the means to audit and verify the accuracy of any identification numbering system.

The United States has the most competitive livestock sector in the world. But we are at risk of falling behind countries in Europe, South America, as well as Australia and New Zealand, nations that are all exploring more modern technologies for identifying and tracking livestock. Not only can the U.S. take a leadership role in this area, we can take identification and traceability ''off the table'' as a possible trade barrier by introducing technologies that leapfrog existing country requirements.

I would like to close by reminding my colleagues that it is only when you combine identity with location that you get traceability. And in order to build a secure, tamper-resistant system to trace livestock, you must begin with a secure, tamper-resistant identifier. I believe we have the technology to do this in a practical, economically feasible way that will allow United States producers to meet the concerns expressed by our trading partners when

managing diseases like mad cow disease. I believe retinal scanning combined with the GPS system can be the most practical option if the policy of this country is to require an identification system of each animal or even for tracing batches of live animals because it is technology that can be easily used in the field and is very accurate, reliable, and precise.

RECOGNIZING MISHAWAKA POLICE OFFICERS

Mr. LUGAR. Madam President, I rise to share with the Senate the efforts of Corporal Thomas Roberts and Patrolman Bryan Verkler, of the Mishawaka Police Department, Mishawaka, IN, who gave their lives in the line of duty on December 13, 2003.

Corporal Roberts was a 14-year veteran of the force. Patrolman Verkler had completed nearly 2½ years of service. Both men are survived by their families.

At this difficult time, my thoughts and prayers are with these men and their families.

RECOGNITION OF MICHAEL MANGANIELLO'S SERVICE TO COALITION FOR THE ADVANCEMENT OF MEDICAL RESEARCH

Mr. KENNEDY. Madam President, I welcome this opportunity to pay tribute to the impressive work of Michael Manganiello of the Coalition for the Advancement of Medical Research, who is working skillfully on behalf of patients across America to turn the promise of medical research into the reality of new cures and better treatments. As the president of the Coalition for the Advancement of Medical Research for the past 2 years and Vice President of the Christopher Reeve Paralysis Foundation, he has provided extraordinary leadership to community advocates for medical research. As the leader of an effective coalition to prevent restrictions on stem cell research, he is working to enable future generations to benefit from scientific advances that can barely be imagined.

Mr. Manganiello is effectively teaching both Congress and the public about the complex topic and the immense potential of stem cell research. His outreach to local communities has raised awareness for these issues to those it will help the most, millions of men, women and children in families across the country who bear the burden of debilitating diseases. He works diligently with the scientific and policy communities to realize the full benefits of current research and expand our ability to pursue promising new lines of research. His skill in working toward consensus has benefited us all.

Through his many contributions to the advancement of medical research, Michael Manganiello has made a daily difference in our nation's well-being that will become more and more obvious in the years to come. I commend him for his outstanding public service to our country.

SMALL STATE HOME PROGRAM EQUITY ACT

Mr. DORGAN. Madam President, I rise to support legislation that Senator MURKOWSKI introduced last November that would bring some fairness to States such as North Dakota and Alaska with low populations. I am proud to cosponsor S. 1851, the Small State HOME Program Equity Act.

This legislation would increase the minimum funding level provided to low-population States for the U.S. Department of Housing and Urban Development's HOME Investment Partnerships Program. The HOME Investment Partnership Program distributes funds to State and local governments to expand housing for low-income families. It is one of the most important tools that States, local governments, and nonprofits have to respond to affordable housing needs. The program helps both renters and homebuyers across the country by rehabilitating substandard housing and funding new construction.

The HOME Investment Partnership Program has been enormously successful in providing housing for those in need, and I have been a strong supporter of annual appropriations for this important program. For the last several years, I have joined many of my colleagues in sending a letter to Senators BOND and MIKULSKI, the chairman and ranking member of the VA–HUD and Independent Agencies Appropriations Subcommittee, supporting robust funding for the HOME program.

Since 1992, the first year in which funds were appropriated for this program, HOME funds have been dispersed by a statutory formula, which is based in part on a State's population. At the time the program was created, a minimum funding level of $3 million was established for States which would receive a small amount of HOME funds under the allocation formula.

Over the last 10 years, inflation has significantly eroded the value of this minimum allocation and it is very difficult for States to meet their housing needs on only the minimum allocation of HOME funds. In Grand Forks County in North Dakota, for example, the wait list for HOME rehabilitation funding is estimated to be 11 years. I would imagine that the situation is similar in the 10 States that are not currently receiving a level of funding that allows them to run effective programs with their HOME dollars.

This is unacceptable. States with low populations deserve to have adequate funding to meet the unique housing needs of rural areas where construction and rehabilitation costs are often very high. The congressionally appointed, bipartisan Millennium Housing Commission also recognized this problem. It recommended increasing the minimum State funding level for the HOME program to $5 million in their May 30, 2002, report to Congress.

I look forward to working with Senator MURKOWSKI on this important legislation to meet the housing needs of low-income families in rural America.

ADDITIONAL STATEMENTS

TRIBUTE TO MARSHA GOODWIN-BECK

• Mr. GRAHAM of Florida. Madam President, I am saddened to report that on December 18, 2003, our Nation lost one of its leading advocates for the care of older veterans, Marsha Goodwin-Beck. The Director of Geriatrics for the Veterans Health Administration from 1989 until her death, she dedicated her career to serving veterans in many capacities.

Ms. Goodwin-Beck was instrumental in the growth and development of VA's nationally prominent Geriatric Research, Education and Clinical Centers, as well as its multidisciplinary geriatric training programs. She also had a key role in coordinating the implementation of the Veterans Millennium Health Act of 1999, a bill that made an impact on a countless number of our Nation's veterans. Ms. Goodwin-Beck began her career at VA in 1983 as an education specialist, later moving into various positions with the Office of Geriatrics and Extended Care. In 2003, VA recognized her long-time service on behalf of older veterans by awarding her the VA Undersecretary for Health Commendation.

As a testament to her expertise, Ms. Goodwin-Beck authored several articles on geriatric and long-term care issues. She also was active in local and national nursing organizations, including as a founding member of the National Alliance for Caregiving, and she served on the Education Committee of the Gerontological Society of America. Shortly before her death, Ms. Goodwin-Beck was elected to the national board of directors of the American Geriatrics Society.

Prior to her Government service, Ms. Goodwin-Beck had a distinguished career in clinical care as a certified adult nurse practitioner and nurse educator. Between 1981 and 1982, she was awarded a Robert Wood Johnson Foundation fellowship as a primary care nurse practitioner at the University of Maryland. Ms. Goodwin-Beck was also an assistant professor at Catholic University's School of Nursing and was on faculty for the university's Teaching Nursing Home project. In addition, she was a consultant to the American Health Care Association, coauthored the book ''How to Be a Nursing Aide in a Nursing Home,'' and conducted workshops on quality assurance for staff in nursing homes throughout the country.

On behalf of the members and staff of the Senate Committee on Veterans Affairs, our hearts and thoughts are with Ms. Goodwin-Beck's husband, Jeffrey