

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