

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