

SELLING CRIME: HIGH CRIME GUN STORES FUEL CRIMINALS

Mr. LEVIN. Mr. President, last week, Americans for Gun Safety, AGS, published a report entitled "Selling Crime: High Crime Gun Stores Fuel Criminals." This report identifies gun stores around the country that sell the most guns used in crimes.

Federal law requires gun stores to be licensed to sell firearms by the Bureau of Alcohol, Tobacco, Firearms, and Explosives, ATF. However, according to Americans for Gun Safety, until recently, the ATF had never released information on the number of crime guns traced back to gun stores. AGS acquired all of its data via Freedom of Information Act requests. The data reveals some troubling facts. According to the report, 96 of the 120 dealers named in the report remain open, and only 24 have been inspected by federal agents during the past 3½ years. When inspected, 18 of these 24 dealers were cited for at least one violation of federal gun laws and seven high crime dealers were cited more than five times.

The AGS study focuses attention on negligent and irresponsible gun dealers. However, language included in the Fiscal Year 2004 Omnibus Appropriations bill will make it impossible for this data on such dealers to be made available to the public in the future. Language included in the omnibus specifically prohibits the release of information related to tracing requests on guns used in crimes.

And that is not the only problem. Even more importantly, language in the bill mandates that the Justice Department destroy background check records for the purchase of guns within 24 hours of the gun purchase. Under current regulations, the ATF can retain the records from gun purchases for up to 90 days. This 90-day period gives law enforcement the opportunity to review and audit gun purchase records for illegal activity and problems with the background check system. The provision requiring the destruction of records within 24 hours was inserted into the bill without a debate or discussion of its potential impact. It is incomprehensible that, at a time when we are in a heightened state of alert to guard against terrorism, we are not providing law enforcement with more than 24 hours to examine information on weapons purchases.

The gun provisions in the omnibus were never the subject of Senate hearings and are not supported by major law enforcement organizations. They undermine the efforts of the ATF to meet its responsibilities, weaken the public's right to know, and make it more difficult for other law enforcement agencies to do their job.

ADDITIONAL STATEMENTS

LOCAL LAW ENFORCEMENT ACT OF 2001

• Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. On May 1, 2003, Senator KENNEDY and I introduced the Local Law Enforcement Enhancement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

Leonard "Lynn" Vines, a cross-dresser and native of East Baltimore, was attacked in front of his cousin's home and shot six times by a group of people asserting "we don't allow no drag queen faggots in this neighborhood." Fortunately, Vines survived the attack.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well. •

DIABETES

• Mr. JOHNSON. Mr. President, as we commence the second session of the 108th Congress, I want to take this opportunity to bring attention to a serious health problem that our Nation faces everyday. This health care dilemma encompasses all ages, genders, and races in our Nation. I am referring to diabetes, which impacts 18.2 million people in the United States, or 6.3 percent of the population. As we embark on this session, we need to reconfirm our commitment to addressing a key objective of many in Congress to fight this chronic health problem which threatens the lives of millions.

The American Diabetes Association, as well as the Center for Disease Control and Prevention or CDC, has stated that of the 18.2 million Americans living with this disease, only an estimated 13 million have been diagnosed, therefore leaving 5.2 million people, or nearly one-third, completely unaware that they have the disease. There are three major types of diabetes; Type 1, Type 2, and gestational diabetes. Type 1 diabetes results in the body's failure to produce insulin. The ADA believes that 5-10 percent of Americans who are diagnosed with diabetes have Type 1. Type 2 diabetes results from insulin resistance, combined with relative insulin deficiency. Approximately 90-95 percent, 17 million, of Americans who are diagnosed with diabetes have this type of diabetes. Gestational diabetes affects about 4 percent of all pregnant women—about 135,000 cases in the United States each year. About 110,814 Native Americans and Alaska Natives, or 14.9 percent of the population, receiving care from Indian Health Services, IHS, have diabetes.

Diabetes is associated with many other serious chronic health conditions. About 65 percent of deaths among people with this illness are due to heart disease and stroke. Heart disease is the leading cause of diabetes-related deaths, while the risk for stroke is 2 to 4 times higher among people with this illness. About 73 percent of adults with diabetes have high blood pressure or use prescription medications for hypertension. Diabetes is the leading cause of new cases of blindness among adults aged 20-74 years, with diabetic retinopathy causing 12,000 to 24,000 new cases of blindness each year. Diabetes is the leading cause of end-stage renal disease, accounting for 44 percent of new cases. Sixty to 70 percent of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include impaired sensation or pain in the feet or hands, slowed digestion of food in the stomach, carpal tunnel syndrome, and other nerve problems. In addition, this contributes to more than 60 percent of lower-limb amputations each year. Gum disease is more common among people with diabetes, thus placing young diabetics at twice the risk of those without this condition. Poorly controlled diabetes before conception and during the first trimester of pregnancy can cause major birth defects in 5 percent to 10 percent of pregnancies. Poorly controlled diabetes during the second and third trimesters of pregnancy can result in excessively large babies, posing a risk to the mother and the child. Uncontrolled diabetes often leads to biochemical imbalances that can cause acute life-threatening events, such as diabetic ketoacidosis and hyperosmolar coma. People with diabetes are more susceptible to many other illnesses, and once they acquire these illnesses, often have worse prognoses, such as being more likely to die with pneumonia or influenza than people who do not have diabetes.

In 2002, 47,555 or 6.3 percent of South Dakotans, were diagnosed with diabetes. And when applying the national estimate that nearly one-third of all diabetes cases go undiagnosed, this would add an additional estimated 15,693 cases. This means that the most recent number of South Dakotans with diabetes could be an estimated 71,000 people. Also, important to South Dakota are estimates by the American Diabetes Association that Native Americans have a higher rate of diabetes, which makes this group 2.2 times more likely to have diagnosed diabetes as non-Hispanic whites of similar age.

A report showed that the indirect costs associated with diabetes were \$40 billion in the United States in 2002, while direct medical costs were approximately \$92 billion, therefore bringing the overall costs in our country to \$132 billion. It is estimated that each year there are 1.3 million new cases of diabetes diagnosed in people aged 20 and older. Increased emphasis on prevention will help reduce the incidence of new cases and be a step in the

right direction to reduce the social, economic and human costs associated with diabetes.

Congress has the ability to enhance Federal programs and increase funding to combat this debilitating illness. I was pleased to see the bipartisan dedication to doubling the funding of the National Institutes of Health, NIH, over a 5-year period, which was completed in 2003. This initiative alone has helped to expand current research, which therefore improves the path toward finding treatment and cures of all diseases, including that of diabetes. As a member of the Senate Appropriations Committee, I was pleased to work with my colleagues on both sides of the aisle to request \$1.6 billion for the National Institute of Diabetes and Kidney Diseases for fiscal year 2004. In addition to NIH, we must continue to fight to secure increased funding for the Centers for Disease Control and Prevention, CDC. The CDC provides invaluable research on chronic diseases such as diabetes, and helps fund important state program such as the South Dakota Diabetes Prevention and Control Program, DPCP.

I encourage both Congress and the President to continue to build on existing efforts to address diabetes through increased funding for NIH, for the Institute of Diabetes and Kidney Diseases, and for the CDC in the upcoming year. I believe that we can achieve this goal in bipartisan fashion and provide greater assistance to the many Americans in all parts of our Nation that live with this chronic illness.●

OMNIBUS APPROPRIATIONS

● Mr. FEINGOLD. Mr. President, I opposed the omnibus appropriations bill that the Senate voted on yesterday. It is the latest example of the annual breakdown in the congressional appropriations process. Once again, instead of considering appropriations bills individually, the Senate voted on a massive spending bill that includes many—in this case, seven—of the annual appropriations bills.

This process just invites the kind of problems—unauthorized spending, special interest provisions and legislative riders that go against the will of a majority in Congress—that we see in this omnibus bill. Take, for example, the Bush administration's proposed sweeping changes to regulations governing overtime pay for white-collar workers. These proposed changes would weaken overtime protections for these workers by changing the way that eligibility for overtime is determined. Both the House and the Senate are on record in favor of a provision that would block these changes from going into effect. Nonetheless, that provision was dropped in conference after the administration exerted tremendous pressure on those negotiating the final bill.

Similarly, language that would have prevented the Federal Communications Commission from moving forward with

its plan to loosen the national cap on television ownership was badly weakened. And, of course, there are numerous bad provisions in the bill, including one that would create a voucher program in Washington, DC, public schools and another that would prevent country of origin labeling on many agricultural products.

I wish I could have supported this bill as there are a few worthy things in it, such as funding for global AIDS programs and for the rural AED Act, a program I created with Senator SUSAN COLLINS to increase access to defibrillators in rural areas. I am pleased that the bill contains language I fought for that would required Federal agencies to report on their purchases of foreign-made goods. As manufacturing jobs continue to disappear across the country, particularly in my home State of Wisconsin, the Federal Government should be doing everything it can to support American manufacturers. I am also pleased that the bill includes a provision I fought for to prohibit the Department of Veterans Affairs from enforcing its policy of prohibiting VA employees from taking proactive steps to let veterans know about the health care benefits for which they may be eligible.

Those provisions do not outweigh the many bad ones in this bill, however. Mr. President, this is simply no way to fund the Federal Government. I regret that this "must-pass" bill is being used as a platform for bad funding decisions and for bad policy decisions, many of which override the will of a bipartisan majority of Congress. We need to go back to taking up and passing appropriations bills one by one, rather than throwing everything but the kitchen sink into a single, bloated piece of legislation.●

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Evans, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. DORGAN (for himself, Mr. DAYTON, Mr. COLEMAN, Mr. CONRAD, and Mr. ENZI):

S. Res. 289. A resolution expressing the sense of the Senate with respect to free trade

negotiations that could adversely impact the sugar industry of the United States; to the Committee on Finance.

By Mr. FRIST (for himself and Mr. DASCHLE):

S. Res. 290. A resolution to authorize testimony, document production and legal representation in State of Idaho v. Joseph Daniel Hooper; considered and agreed to.

ADDITIONAL COSPONSORS

S. 736

At the request of Mr. ENSIGN, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 736, a bill to amend the Animal Welfare Act to strengthen enforcement of provisions relating to animal fighting, and for other purposes.

S. 1394

At the request of Mr. HARKIN, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1394, a bill to establish a demonstration project under the medicaid program to encourage the provision of community-based services to individuals with disabilities.

S. 1693

At the request of Mr. GRASSLEY, the name of the Senator from Maine (Ms. SNOWE) was added as a cosponsor of S. 1693, a bill to amend section 35 of the Internal Revenue Code of 1986 to allow individuals receiving unemployment compensation to be eligible for a refundable, advanceable credit for health insurance costs.

S. 2008

At the request of Mr. SPECTER, the name of the Senator from Maine (Ms. SNOWE) was added as a cosponsor of S. 2008, a bill to amend the Animal Health Protection Act to direct the Secretary of Agriculture to establish an electronic nationwide livestock identification system, and for other purposes.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 289—EXPRESSING THE SENSE OF THE SENATE WITH RESPECT TO FREE TRADE NEGOTIATIONS THAT COULD ADVERSELY IMPACT THE SUGAR INDUSTRY OF THE UNITED STATES

Mr. DORGAN (for himself, Mr. DAYTON, Mr. COLEMAN, Mr. CONRAD, and Mr. ENZI) submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 289

Whereas the President has concluded negotiations with El Salvador, Guatemala, Honduras, and Nicaragua to form a Central American Free Trade Agreement (referred to in this resolution as "CAFTA"), and is seeking to incorporate Costa Rica and the Dominican Republic into that agreement;

Whereas CAFTA seeks to provide those countries with increased access to the United States sugar market;

Whereas, simultaneously, the Administration has embarked on a multitude of free trade agreements with major sugar producing nations such as Australia, members