

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