

S. 1779

At the request of Mr. AKAKA, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 1779, a bill to amend the Humane Methods of Livestock Slaughter Act of 1958 to ensure the humane slaughter of nonambulatory livestock, and for other purposes.

S. 1866

At the request of Ms. COLLINS, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. 1866, a bill to establish an Under Secretary for Policy in the Department of Homeland Security, and for other purposes.

AMENDMENT NO. 2065

At the request of Mr. BINGAMAN, the names of the Senator from Nebraska (Mr. HAGEL), the Senator from Pennsylvania (Mr. SANTORUM), the Senator from New Mexico (Mr. DOMENICI) and the Senator from Tennessee (Mr. ALEXANDER) were added as cosponsors of amendment No. 2065 proposed to H.R. 3058, a bill making appropriations for the Departments of Transportation, Treasury, and Housing and Urban Development, the Judiciary, District of Columbia, and independent agencies for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2067

At the request of Mr. BROWNBAC, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of amendment No. 2067 intended to be proposed to H.R. 3058, a bill making appropriations for the Departments of Transportation, Treasury, and Housing and Urban Development, the Judiciary, District of Columbia, and independent agencies for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2077

At the request of Mr. REED, the name of the Senator from North Dakota (Mr. CONRAD) was withdrawn as a cosponsor of amendment No. 2077 proposed to H.R. 3058, a bill making appropriations for the Departments of Transportation, Treasury, and Housing and Urban Development, the Judiciary, District of Columbia, and independent agencies for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2118

At the request of Mr. DORGAN, the name of the Senator from North Dakota (Mr. CONRAD) was added as a cosponsor of amendment No. 2118 intended to be proposed to H.R. 3058, a bill making appropriations for the Departments of Transportation, Treasury, and Housing and Urban Development, the Judiciary, District of Columbia, and independent agencies for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2144

At the request of Mr. SCHUMER, his name was added as a cosponsor of amendment No. 2144 intended to be proposed to H.R. 3058, a bill making appropriations for the Departments of Transportation, Treasury, and Housing

and Urban Development, the Judiciary, District of Columbia, and independent agencies for the fiscal year ending September 30, 2006, and for other purposes.

AMENDMENT NO. 2146

At the request of Mr. BOND, his name was added as a cosponsor of amendment No. 2146 proposed to H.R. 3058, a bill making appropriations for the Departments of Transportation, Treasury, and Housing and Urban Development, the Judiciary, District of Columbia, and independent agencies for the fiscal year ending September 30, 2006, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KERRY (for himself, Mr. KENNEDY, Mr. GREGG, and Mr. SUNUNU):

S. 1898. A bill to establish the Freedom's Way National Heritage Area in the States of Massachusetts and New Hampshire, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. KERRY. Mr. President, I rise to introduce legislation to establish the Freedom's Way National Heritage Area in New Hampshire and Massachusetts. The bill is cosponsored by Senator KENNEDY, Senator GREGG and Senator SUNUNU.

The bill proposes to establish a national heritage area including 36 communities in Massachusetts and six communities in New Hampshire. The area has important cultural and natural legacies that are important to New England and the entire Nation. I want to highlight just a few of the reasons I believe this designation makes sense.

The Freedom's Way is an ideal candidate because it is rich in historic sites, trails, landscapes and views. The land and the area's resources are pieces of American history and culture. The entire region, and especially places like Lexington and Concord, is important to our country's founding and our political and philosophical principles. Within the 42 communities are truly special places. These include the Minuteman National Historic Park, more than 40 National Register Districts and National Historic Landmarks, the Great Meadows National Wildlife Refuge, Walden Pond State Reservation, Gardener State Park, Harvard Shaker Village and the Shirley Shaker Village.

In addition, there is strong grassroots support for this designation. The people of these communities organized themselves in this effort and have now turned to us for assistance. I hope we can provide it. Supporters include elected officials, people dedicated to preserving a small piece of American and New England history, and local business leaders. It is an honor to help their cause.

Finally, I am very pleased that Senators from both Massachusetts and New Hampshire have embraced this proposal. I thank Senators KENNEDY, GREGG and SUNUNU.

By Mr. McCAIN (for himself, Mr. DORGAN, Mr. CRAPO, and Mr. INOUE):

S. 1899. A bill to amend the Indian Child Protection and Family Violence Prevention Act to identify and remove barriers to reducing child abuse, to provide for examinations of certain children, and for other purposes; to the Committee on Indian Affairs.

Mr. McCAIN. Mr. President, today I am introducing a bill to reauthorize the Indian Child Protection and Family Violence Prevention Act. This bill is intended to reauthorize appropriations for child sexual abuse prevention and treatment grants, to identify the scope of child abuse and family violence in Indian country by requiring annual comprehensive data gathering, to encourage inter-agency coordination between the Indian Health Service and public and private medical or treatment organizations in the treatment and examination of children through the use of telemedicine, and to conform the Act to other Federal child abuse reporting and confidentiality laws. The bill provides a 4-year reauthorization of appropriations for the Act.

The Indian Child Protection and Family Violence Prevention Act was enacted in 1990 to address findings of the Senate Select Committee on Indian Affairs and the Special Committee on Investigations as it examined the Federal trust relationship with Indian tribes. Through public hearings, these Committees found that, at the time, Indian country was a safe haven for child abuse perpetrators. I will not forget the testimony of parents whose children fell prey to the notorious cases of multiple child sexual abuse that occurred on the Hopi, Navajo, and Cherokee reservations over the course of many years. The Federal investigation and prosecution of these crimes revealed that child abuse perpetrators were aware that the conditions of reporting, investigating, and preventing crimes upon children were in such a sorry state that their crimes would rarely be detected. Needless to say, the consequences proved tragic to hundreds of child victims, their families and their communities.

We enacted this law to give the Federal Government an opportunity to meet its responsibility to Indian children and families by establishing policies and programs to prevent child abuse and family violence. To accomplish this, appropriations were authorized to establish prevention and treatment programs within the BIA and IHS. The Act also authorized the BIA and IHS to assist tribes in establishing on-reservation child abuse prevention and treatment programs. The Act also provided criminal sanctions for professionals who failed to report acts of abuse or suspected abuse and prescribed a child abuse reporting process for law enforcement.

I don't believe that the possible benefits of the Act have been fully realized.

Neither the BIA nor the IHS have successfully requested or received appropriations to fully implement the programs envisioned by the Act. Today, tribal governments rely on special appropriations, congressional earmarks and piecemeal grants. And, we still do not have a firm idea of the extent to which child sexual or physical abuse is occurring in Indian communities or the degree of success that we are having in treating victims of child abuse. Surely, we can do better than this.

This bill provides for a comprehensive approach to gathering this information on child abuse in Indian country. Under current law, the FBI is responsible for gathering this data. At the time, the FBI was primarily responsible for investigating acts of felony child abuse in Indian country. Today, we know that many Indian tribal police agencies, operating under Indian Self-Determination and Educational Assistance Act compacts and contracts, jointly investigate these felony crimes and that they are also responsible for responding to and investigating tribal offenses. The bill requires a comprehensive sharing of numerical data by all Federal, tribal and State law enforcement agencies.

In addition, the Act requires all local law enforcement agencies to document incidents of child abuse and to submit this documentation to the Federal Bureau of Investigation. The Act, however, does not provide for use of this valuable information. This bill permits the FBI to continue to gather conviction data and to make this information available, on a limited basis, to specific agencies requiring such information in the course of their professional duties. It permits agencies to access information in the course of conducting background checks on those who seek employment in an area involving children.

Finally, the bill authorizes the Indian Health Service to use advances in telemedicine to bring expert advice and training to the examination and diagnosis of child abuse. This new provision recognizes that children, when victimized, require immediate and expert diagnosis and treatment.

This section will help supplement stretched or unavailable IHS resources in the most isolated Indian communities. This body recently sent a clear message on domestic violence and sexual predators. This bill furthers that message by continuing to protect Indian children and families and ensuring that they continue to receive prevention and treatment resources to address the impact of these crimes in their own communities. I look forward to receiving the comments from the Administration and working with my colleagues toward final passage of this bill.

I ask unanimous consent that the text of the bill be printed in the RECORD.

By Ms. STABENOW (for herself,
Mr. HARKIN, Mr. DAYTON, Mr.
LAUTENBERG, and Mr. CORZINE):

S. 1900. A bill to amend title XVIII of the Social Security Act to stabilize the amount of the medicare part B premium; to the Committee on Finance.

Ms. STABENOW. Mr. President, today I am introducing the "Keep the Promise of Medicare Act" of 2006, and am pleased to be joined by my colleagues Senators KENNEDY, HARKIN, LAUTENBERG, DAYTON, and CORZINE.

Retirees will see an average monthly cost-of-living-adjustment increase of \$39 in their Social Security checks next year. Although this increase is welcome news, one-fourth of the COLA will be eaten up by rising Medicare Part B premiums, which will increase yet again by double-digits. And the premium for Medicare's new prescription drug benefit could eat up the remainder of the Social Security increase.

As William D. Novelli, chief executive of AARP, said: "A record increase would usually be welcome news for America's Social Security beneficiaries. But this cost-of-living adjustment is being eaten up by rising gasoline and heating costs, another double-digit increase in the monthly Medicare Part B premium and escalating health care bills."

This dramatic increase could have been avoided. CMS Administrator McClellan has acknowledged after last year's record 17.5 percent increase that provisions included in the 2003 Medicare law designed to privatize the program directly contributed to the premium increase.

My legislation will limit the 2006 Part B premium increase to the same level as the Social Security COLA. Without this legislation, the Medicare Part B premium will rise by 13 percent to more than \$10, to \$88.50 a month, in 2006.

"Social Security's COLA will simply not be enough to cover the increasing costs of living as an older person in America," said George J. Kourpias, president of the Alliance for Retired Americans.

Adjusting the current premium is a first step, and one we must take immediately. Older Americans have been struggling for too long under the relentless increases in the cost of their health care and prescription drugs. Additionally, we should use this year to revise an outdated law that has led to record increase in Medicare premiums in the last four years. The promise of Medicare must include protection from dramatic increases in the Part B premium.

I urge my colleagues to join me on this important piece of legislation.

S. 1900

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Keep the Promise of Medicare Act of 2006".

SEC. 2. STABILIZATION OF MEDICARE PART B PREMIUM.

Section 1839(a)(3) of the Social Security Act (42 U.S.C. 1395r(a)(3)) is amended by add-

ing at the end the following new sentence: "Notwithstanding the preceding sentences, the monthly premium rate determined under this paragraph for each month in 2006 may not exceed an amount equal to the monthly premium rate determined under this paragraph for each month in 2005 adjusted by the percentage change in the average Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the third quarter of 2004 to the third quarter of 2005."

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1899

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Indian Child Protection and Family Violence Prevention Act Amendments of 2005".

SEC. 2. FINDINGS AND PURPOSE.

Section 402 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201) is amended—

(1) in subsection (a)—
(A) in paragraph (1)—
(i) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively; and
(ii) by inserting after subparagraph (D) the following:

"(E) the Federal Government and certain State governments are responsible for investigating and prosecuting certain felony crimes, including child abuse, in Indian country, pursuant to chapter 53 of title 18, United States Code;" and
(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by striking "two" and inserting "the";
(ii) in subparagraph (A), by striking "and" at the end;

(iii) in subparagraph (B), by striking the period at the end and inserting "; and"; and
(iv) by adding at the end the following:

"(C) identify and remove any impediment to the immediate investigation of incidents of child abuse in Indian country.;" and
(2) in subsection (b)—

(A) by striking paragraph (3) and inserting the following:

"(3) provide for a background investigation for any employee that has access to children.;" and
(B) in paragraph (6), by striking "Area Office" and inserting "Regional Office".

SEC. 3. DEFINITIONS.

Section 403 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3202) is amended—

(1) by striking paragraph (14);
(2) by redesignating paragraphs (5) through (13) as paragraphs (6) through (14), respectively;
(3) by inserting after paragraph (4) the following:

"(5) 'conviction', with respect to an offense, means a final judgment of guilty through a verdict by a judge or jury or a plea of guilty or no contest, but does not include any final judgment that has been expunged by pardon, reversed, set aside, or otherwise voided.;"

(4) in paragraph (13) (as redesignated by paragraph (2)), by striking "that agency" and all that follows through "Indian tribe" and inserting "the Federal, State, or tribal agency";

(5) in paragraph (14) (as redesignated by paragraph (2)), by inserting "(including a tribal law enforcement agency operating pursuant to a grant, contract, or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et

seq.)” after “State law enforcement agency”;

(6) in paragraph (17), by striking “and” at the end;

(7) in paragraph (18), by striking the period at the end and inserting “; and”; and

(8) by adding at the end the following:

“(19) ‘telemedicine’ means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care diagnosis and treatment.”.

SEC. 4. REPORTING PROCEDURES.

Section 404 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3203) is amended—

(1) in subsection (c)—

(A) in paragraph (1), by striking “(1) Within” and inserting the following:

“(1) IN GENERAL.—Not later than”; and

(B) in paragraph (2)—

(i) by striking “(2)(A) Any” and inserting the following:

“(2) INVESTIGATION OF REPORTS.—

“(A) IN GENERAL.—Any”;

(ii) in subparagraph (B)—

(I) by striking “(B) Upon” and inserting the following:

“(B) FINAL WRITTEN REPORT.—On”; and

(II) by inserting “including any Federal, State, or tribal conviction resulting from the allegation” before the period at the end; and

(iii) by adding at the end the following:

“(C) MAINTENANCE OF FINAL REPORTS.—The Federal Bureau of Investigation shall maintain a record of each written report submitted under subsection (b) in a manner in which the report is accessible to—

“(i) a local law enforcement agency that requires the information to carry out an official duty; and

“(ii) any agency requesting the information under section 408.

“(D) COLLECTION OF DATA.—Not less frequently than once each year, the Secretary, in consultation with the Attorney General and any appropriate Indian tribe, shall collect any information not otherwise reported under subsection (b), including information relating to, during the preceding calendar year—

“(i) the number of child abuse allegations and investigations in Indian country;

“(ii) the number of child abuse prosecutions declined or deferred in Indian country; and

“(iii) the number of acquittals of charges of child abuse in Indian country.”; and

(2) by adding at the end the following:

“(e) CONFIDENTIALITY OF CHILDREN.—No local law enforcement agency or local child protective services agency shall disclose the name of or information concerning the child to anyone other than any person who, by reason of their participation in the treatment of the child, the investigation, or the adjudication of the allegation, needs to know the information in the performance of the duties of the individual.

“(f) REPORT TO CONGRESS.—Not later than 1 year after the date of enactment of this subsection, and annually thereafter, the Director of the Federal Bureau of Investigation, in coordination with the Secretary and the Attorney General, shall submit to the Committees on Indian Affairs and the Judiciary of the Senate, and the Committees on Resources and the Judiciary of the House of Representatives, a report on child abuse in Indian country during the preceding year.”.

SEC. 5. REMOVAL OF IMPEDIMENTS TO REDUCING CHILD ABUSE.

Section 405 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3204) is amended to read as follows:

“SEC. 405. REMOVAL OF IMPEDIMENTS TO REDUCING CHILD ABUSE.

“(a) STUDY.—The Secretary, in consultation with the Attorney General and the Service, shall conduct a study under which the Secretary shall identify any impediment to the reduction of child abuse in Indian country and on Indian reservations.

“(b) INCLUSIONS.—The study under subsection (a) shall include a description of—

“(1) any impediment to reporting child abuse in Indian country and on Indian reservations;

“(2) any impediment to, or advance in, Federal, State, and tribal investigations and prosecutions of allegations of child abuse in Indian country and on Indian reservations; and

“(3) any impediment to, or advance in, the treatment of child abuse in Indian country and on Indian reservations.

“(c) REPORT.—Not later than 18 months after the date of enactment of the Indian Child Protection and Family Violence Prevention Act Amendments of 2005, the Secretary shall submit to the Committees on Indian Affairs and the Judiciary of the Senate, and the Committees on Resources and the Judiciary of the House of Representatives, a report describing—

“(1) the findings of the study under this section; and

“(2) recommendations for legislative actions to reduce instances of child abuse in Indian country and on Indian reservations, if any.”.

SEC. 6. CONFIDENTIALITY.

Section 406 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3205) is amended to read as follows:

“SEC. 406. CONFIDENTIALITY.

“Any Federal, State, or tribal government agency that treats or investigates incidents of child abuse may provide information and records to an officer of any other Federal, State, or tribal government agency that requires the information to carry out the duties of the officer, in accordance with section 552a of title 5, United States Code, section 361 of the Public Health Service Act (42 U.S.C. 264), the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. 1232g), part C of title XI of the Social Security Act (42 U.S.C. 1320d et seq.), and other applicable Federal law.”.

SEC. 7. WAIVER OF PARENTAL CONSENT.

Section 407 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3206) is amended—

(1) in subsection (a), by inserting “or forensic” after “psychological”; and

(2) in subsection (c), by striking “advise” and inserting “advise”.

SEC. 8. CHARACTER INVESTIGATIONS.

Section 408(b) of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3207(b)) is amended by striking “guilty to” and all that follows and inserting the following: “guilty to, any offense under Federal, State, or tribal law involving—

“(1) a crime of violence;

“(2) sexual assault;

“(3) child abuse;

“(4) exploitation; or

“(5) sexual contact or prostitution.”.

SEC. 9. INDIAN CHILD ABUSE TREATMENT GRANT PROGRAM.

Section 409 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3208) is amended by striking subsection (e) and inserting the following:

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section for each of fiscal years 2006 through 2010.”.

SEC. 10. INDIAN CHILD RESOURCE AND FAMILY SERVICES CENTERS.

Section 410 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3209) is amended—

(1) in subsection (a), by striking “area of office” and inserting “Regional Office”;

(2) in subsection (b), by striking “The Secretary” and all that follows through “Human Services” and inserting “The Secretary, the Secretary of Health and Human Services, and the Attorney General”;

(3) in subsection (d)—

(A) in paragraph (4), by inserting “, State,” after “Federal”; and

(B) in paragraph (5), by striking “agency office” and inserting “Regional Office”;

(4) in subsection (e)—

(A) in paragraphs (1) and (2), by striking the commas at the ends of the paragraphs and inserting semicolons;

(B) by striking paragraph (3) and inserting the following:

“(3) adolescent mental and behavioral health (including suicide prevention and treatment);”;

(C) in paragraph (4), by striking the period at the end and inserting a semicolon; and

(D) by adding at the end the following:

“(5) criminal prosecution; and

“(6) medicine.”;

(5) in subsection (f)—

(A) in the first sentence, by striking “The Secretary” and all that follows through “Human Services” and inserting the following:

“(1) ESTABLISHMENT.—The Secretary, in consultation with the Service and the Attorney General”;

(B) in the second sentence—

(i) by striking “Each” and inserting the following

“(2) MEMBERSHIP.—Each”; and

(ii) by striking “shall consist of 7 members” and inserting “shall be”;

(C) in the third sentence, by striking “Members” and inserting the following:

“(3) COMPENSATION.—Members”; and

(D) in the fourth sentence, by striking “The advisory” and inserting the following:

“(4) DUTIES.—Each advisory”;

(6) in subsection (g)—

(A) in the first sentence—

(i) by striking “Indian Child” and inserting the following:

“(1) IN GENERAL.—Indian Child”; and

(ii) by adding before the period at the end the following: “(25 U.S.C. 450 et seq.)”;

(B) by striking the second sentence and inserting the following:

“(2) CERTAIN REGIONAL OFFICES.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), if a Center is located in a Regional Office of the Bureau that serves more than 1 Indian tribe, an application to enter into a grant, contract, or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to operate the Center shall contain a consent form signed by an official of each Indian tribe to be served under the grant, contract, or compact.

“(B) ALASKA REGION.—Notwithstanding subparagraph (A), for Centers located in the Alaska Region, an application to enter into a grant, contract, or compact described in that subparagraph shall contain a consent form signed by an official of each Indian tribe or tribal consortium that is a member of a grant, contract, or compact relating to an Indian child protection and family violence prevention program under the Indian

Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.); and

(C) in the third sentence, by striking "This section" and inserting the following:

"(3) EFFECT OF SECTION.—This section"; and

(7) by striking subsection (h) and inserting the following:

"(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section for each of fiscal years 2006 through 2010."

SEC. 11. INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION PROGRAM.

Section 411 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3210) is amended—

(1) in subsection (c), by striking the subsection heading and inserting "COORDINATING INVESTIGATION, TREATMENT, AND PREVENTION OF CHILD ABUSE AND FAMILY VIOLENCE";

(2) by redesignating subsections (f) through (i) as subsections (e) through (h), respectively; and

(3) by striking subsection (h) (as redesignated by paragraph (2)) and inserting the following:

"(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section for each of fiscal years 2006 through 2010."

SEC. 12. USE OF TELEMEDICINE.

The Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3201 et seq.) is amended by adding at the end the following:

"SEC. 412. USE OF TELEMEDICINE.

"(a) CONTRACTS AND AGREEMENTS.—The Service is authorized to enter into any contract or agreement for the use of telemedicine with a public or private medical university or facility, or any private practitioner, with experience relating to pediatrics, including the diagnosis and treatment of child abuse, to assist the Service with respect to—

"(1) the diagnosis and treatment of child abuse; or

"(2) methods of training Service personnel in diagnosing and treating child abuse.

"(b) ADMINISTRATION.—In carrying out subsection (a), the Service shall, to the maximum extent practicable—

"(1) use existing telemedicine infrastructure; and

"(2) give priority to Service units and medical facilities operated pursuant to grants, contracts, or compacts under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) that are located in, or providing service to, remote areas of Indian country or Indian reservations.

"(c) INFORMATION AND CONSULTATION.—On receipt of a request, the Service may provide to public and private medical universities, facilities, and practitioners any information or consultation on the treatment of Indian children who have, or may have, been subject to abuse or neglect.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section for each of fiscal years 2006 through 2010."

SEC. 13. CONFORMING AMENDMENTS.

Section 1169 of title 18, United States Code, is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (B), by inserting "or volunteering for" after "employed by";

(B) in subparagraph (D)—

(i) by inserting "or volunteer" after "child day care worker"; and

(ii) by striking "worker in a group home" and inserting "worker or volunteer in a group home";

(C) in subparagraph (E), by striking "or psychological assistant," and inserting "psychological or psychiatric assistant, or mental or behavioral health professional";

(D) in subparagraph (F), by striking "child" and inserting "individual";

(E) by striking subparagraph (G), and inserting the following:

"(G) foster parent; or"; and

(F) in subparagraph (H), by striking "law enforcement officer, probation officer" and inserting "law enforcement personnel, probation officer, criminal prosecutor"; and

(2) in subsection (c), by striking paragraphs (3) and (4) and inserting the following:

"(3) 'local child protective services agency' has the meaning given the term in section 403 of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3202); and

"(4) 'local law enforcement agency' has the meaning given the term in section 403 of that Act."

Mr. DORGAN. Mr. President, I am pleased to join the chairman of the Senate Indian Affairs Committee as original sponsor of the Indian Child Protection and Family Violence Prevention Act Amendments of 2005. The primary goals of the Indian Child Protection and Family Violence Prevention Act of 1990, which the legislation we introduce today would reauthorize, were to reduce the incidence of child abuse, and mandate the reporting and tracking of child abuse in Indian Country.

The Indian Child Protection and Family Violence Prevention Act Amendments would provide additional safeguards for the privacy of information about a child; provide more involvement by the FBI and the Attorney General in documenting incidents of child abuse; direct a study to identify impediments to the reduction of child abuse in Indian Country, as well as require data collection and annual reporting to Congress on child abuse in Indian Country; and authorize the Indian Health Service to use telemedicine in connection with examinations of abused Indian children.

I particularly appreciate that this reauthorization legislation addresses a related issue about which I have deep concern—the epidemic of youth suicide in many reservation communities. Indian Country has higher rates of youth suicide, as well as of child abuse, than other American population groups. Often, children who attempt suicide have been abused by a family or community member. This bill would authorize professionals trained in behavioral health, including suicide prevention and treatment, to be included on the staff of regional Indian Child Resource and Family Services Centers.

Chairman McCain and I are committed to providing these additional protections for Native American children. I urge my colleagues to support passage of this reauthorization bill, along with adoption of provisions for child abuse prevention and child protective services that are contained in legislation also under consideration to reauthorize the Indian Health Care Improvement Act.

By Mr. LIEBERMAN (for himself, Mr. BROWNBACk, Mrs. CLINTON, Mr. SANTORUM, and Mr. DURBIN):

S. 1902. A bill to amend the Public Health Service Act to authorize funding for the establishment of a program on children and the media within the Centers for Disease Control and Prevention to study the role and impact of electronic media in the development of children; to the Committee on Health, Education, Labor, and Pensions.

Mr. LIEBERMAN. Mr. President, I rise today to introduce, along with Senators BROWNBACk, CLINTON, SANTORUM, and DURBIN, the Children and Media Research Advancement Act, or CAMRA Act. This bill is essentially identical to S. 579, which we introduced earlier this year, except that it houses our program within the Centers for Disease Control (CDC) rather than in the National Institute of Child Health and Human Development. We have reviewed the programs and activities within CDC that address issues relating to media's impact on children, and we believe that CDC is a logical home for our legislation.

There is an urgent need to establish a Federal role for targeting research on the impact of media on children. From the cradle to the grave, our children now live and develop in a world of media—a world that is increasingly digital, and a world where access is at their fingertips. This emerging digital world is well known to our children, but its effects on their development are not well understood. Young people today are spending an average of 6 and a half hours with media each day. For those who are under age 6, two hours of exposure to screen media each day is common, even for those who are under age two. That is about as much time as children under age 6 spend playing outdoors, and it is much more time than they spend reading or being read to by their parents. How does this investment of time affect children's physical development, their cognitive development, or their moral values? Unfortunately, we still have very limited information about how media, particularly the newer interactive media, affect children's development. In fact, we have not charged any Federal agency with ensuring an ongoing funding base to establish a coherent research agenda about the impact of media on children's lives. This lack of a coordinated government-sponsored effort to understand the effects of media on children's development is truly an oversight on our part as the potential payoffs for this kind of knowledge are enormous.

Consider our current national health crisis of childhood obesity. The number of U.S. children and teenagers who are overweight has more than tripled from the 1960's through 2002. We think that media exposure is partly the cause of this epidemic. Is it? Is time spent viewing screens and its accompanying sedentary life styles contributing to childhood and adolescent obesity? Or is the

constant bombardment of advertisements for sugar-coated cereals, snack foods, and candy that pervade children's television advertisements the culprit? How do the newer online forms of "stealth marketing", such as advergames where food products are embedded in computer games, affect children's and adolescents' purchasing patterns? What will happen when pop-up advertisements begin to appear on children's cell phones that specifically target them for the junk food that they like best at a place where that food is easily obtainable? The answer to the obesity and media question is complex. A committee at the National Academy of Sciences is currently charged with studying the link between media advertising and childhood obesity. Will the National Academy of Sciences panel have the data they need to answer this important question? A definitive answer has the potential to save a considerable amount of money in other areas of our budget. For example, child health care costs that are linked to childhood obesity issues could be reduced by understanding and altering media diets.

Or take the Columbine incident. After two adolescent boys shot and killed some of their teachers, classmates, and then turned their guns on themselves at Columbine High School, we asked ourselves if media played some role in this tragedy. Did these boys learn to kill in part from playing first-person shooter video games like Doom where they acted as a killer? Were they rehearsing criminal activities when playing this game? We looked to the research community for an answer. In the violence and media area, Congress had passed legislation in the past so that research was conducted about the relationship between media violence and childhood aggression, and as a result, we knew more. Even though much of this data base was older and involved the link between exposure to violent television programs and childhood aggression, some answers were forthcoming about how the Columbine tragedy could have taken place. Even so, there is still a considerable amount of speculation about the more complex questions. Why did these particular boys, for example, pull the trigger in real life while others who played Doom confine their aggressive acts to the gaming context? We need to be able to answer questions about which children under what circumstances will translate game playing into real-life lethal actions. Investing in media research could potentially reduce our budgets associated with adolescent crime and delinquency as well as reduce real-life human misery and suffering.

Many of us believe that our children are becoming increasingly materialistic. Does exposure to commercial advertising and the "good life" experienced by media characters partly explain materialistic attitudes? We're not sure. Recent research using brain-

mapping techniques finds that an adult who sees images of desired products demonstrates patterns of brain activation that are typically associated with reaching out with a hand. How does repeatedly seeing attractive products affect our children and their developing brains? What will happen when our children will be able to click on their television screen and go directly to sites that advertise the products that they see in their favorite programs? Or use their cell phones to pay for products that they want in the immediate environment? Exactly what kind of values are we cultivating in our children, and what role does exposure to media content play in the development of those values?

A report linked very early television viewing with later symptoms that are common in children who have attention deficit disorders. However, we don't know the direction of the relationship. Does television viewing cause attention deficits, or do children who have attention deficits find television viewing experiences more engaging than children who don't have attention problems? Or do parents whose children have difficulty sustaining attention let them watch more television to encourage more sitting and less hyperactive behavior? How will Internet experiences, particularly those where children move rapidly across different windows, influence attention patterns and attention problems? Once again, we don't know the answer. If early television exposure does disrupt the development of children's attention patterns, resulting in their placement in special education programs, actions taken to reduce screen exposure during the early years could lead to subsequent reductions in children's need for special education classes, thereby saving money while fostering children's development in positive ways.

We want no child left behind in the 21st century. Many of us believe that time spent with computers is good for our children, teaching them the skills that they will need for success in the 21st century. Are we right? How is time spent with computers different from time spent with television? What are the underlying mechanisms that facilitate or disrupt children's learning from these varying media? Can academic development be fostered by the use interactive online programs designed to teach as they entertain? In the first six years of life, Caucasian more so than African American or Latino children have Internet access from their homes. Can our newer interactive media help ensure that no child is left behind or will disparities in access result in leaving some behind and not others?

The questions about how media affect the development of our children are clearly important, abundant, and complex. Unfortunately, the answers to these questions are in short supply. Such gaps in our knowledge base limit our ability to make informed decisions about media policy.

We know that media are important. Over the years, we have held numerous hearings in these chambers about how exposure to media violence affects childhood aggression. We passed legislation to maximize the documented benefits of exposure to educational media, such as the Children's Television Act which requires broadcasters to provide educational and informational television programs for children. Can we foster children's moral values when they are exposed to prosocial programs that foster helping, sharing, and cooperating like those that have come into being as a result of the Children's Television Act? We acted to protect our children from unfair commercial practices by passing the Children Online Privacy Protection Act which provides safeguards from exploitation for our youth as they explore the Internet, a popular pastime for them. Yet the Internet has provided new ways to reach children with marketing that we barely know is taking place, making our ability to protect our children all the more difficult. We worry about our children's inadvertent exposure to online pornography—about how that kind of exposure may undermine their moral values and standards of decency. In these halls of Congress, we acted to protect our children by passing the Communications Decency Act, the Child Online Protection Act, and the Children's Internet Protection Act to shield children from exposure to sexually-explicit online content that is deemed harmful to minors. While we all agree that we need to protect our children from online pornography, we know very little about how to address even the most practical of questions such as how to prevent children from falling prey to adult strangers who approach them online. There are so many areas in which our understanding is preliminary at best, particularly in those areas that involve the effects of our newer digital media.

In order to ensure that we are doing our very best for our children, the behavioral and health recommendations and public policy decisions we make should be based on objective behavioral, social, and scientific research. Yet no Federal research agency has responsibility for overseeing and setting a coherent media research agenda that can guide these policy decisions. Instead, federal agencies fund media research in a piecemeal fashion, resulting in a patchwork quilt of findings. We can do better than that.

The bill we are introducing today would remedy this problem. The CAMRA Act will provide an overarching view of media effects by establishing a program devoted to Children and Media within the Centers for Disease Control. This program of research, to be vetted by the National Academy of Sciences, will fund and energize a coherent program of research that illuminates the role of media in children's cognitive, social, emotional, physical,

and behavioral development. The research will cover all forms of electronic media, including television, movies, DVDs, interactive video games, cell phones, and the Internet, and will encourage research involving children of all ages—even babies and toddlers. The bill also calls for a report to Congress about the effectiveness of this research program in filling this void in our knowledge base. In order to accomplish these goals, we are authorizing \$90 million dollars to be phased in gradually across the next five years. The cost to our budget is minimal and can well result in significant savings in other budget areas.

Our Nation values the positive, healthy development of our children. Our children live in the information age, and our country has one of the most powerful and sophisticated information technology systems in the world. While this system entertains them, it is not harmless entertainment. Media have the potential to facilitate the healthy growth of our children. They also have the potential to harm. We have a stake in finding out exactly what that role is. We have a responsibility to take action. Access to the knowledge that we need for informed decision-making requires us to make an investment: an investment in research, an investment in and for our children, an investment in our collective future. The benefits to our youth and our nation's families are immeasurable.

By passing the Children and Media Research Advancement Act, we can advance knowledge and enhance the constructive effects of media while minimizing the negative ones. We can make future media policies that are grounded in a solid knowledge base. We can be proactive, rather than reactive. In so doing, we build a better nation for our youth, fostering the kinds of values that are the backbone of this great nation of ours, and we create a better foundation to guide future media policies about the digital experiences that pervade our children's daily lives.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1902

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Children and Media Research Advancement Act" or the "CAMRA Act".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress makes the following findings:

(1) Congress has recognized the important role of electronic media in children's lives when it passed the Children's Television Act of 1990 (Public Law 101-437) and the Telecommunications Act of 1996 (Public Law 104-104), both of which documented public concerns about how electronic media products influence children's development.

(2) Congress has held hearings over the past several decades to examine the impact of specific types of media products such as violent television, movies, and video games on children's and adolescents' health and development. These hearings and other public discussions about the role of media in children's and adolescents' development require behavioral and social science research to inform the policy deliberations.

(3) There are important gaps in our knowledge about the role of electronic media and in particular, the newer interactive digital media, in children's and adolescents' healthy development. The consequences of very early screen usage by babies and toddlers on children's cognitive growth are not yet understood, nor has a research base been established on the psychological consequences of high definition interactive media and other format differences for child and adolescent viewers.

(4) Studies have shown that children who primarily watch educational shows on television during their preschool years are significantly more successful in school 10 years later even when critical contributors to the child's environment are factored in, including their household income, parent's education, and intelligence.

(5) The early stages of childhood are a critical formative period for development. Virtually every aspect of human development is affected by the environments and experiences that one encounters during his or her early childhood years, and media exposure is an increasing part of every child's social and physical environment.

(6) As of the late 1990's, just before the National Institute of Child Health and Human Development funded 5 studies on the role of sexual messages in the media on children's and adolescents' sexual attitudes and sexual practices, a review of research in this area found only 15 studies ever conducted in the United States on this topic, even during a time of growing concerns about HIV infection.

(7) In 2001, a National Academy of Sciences study group charged with studying Internet pornography exposure on youth found virtually no literature about how much children and adolescents were exposed to Internet pornography or how such content impacts their development.

(8) In order to develop strategies that maximize the positive and minimize the negative effects of each medium on children's physical, cognitive, social, and emotional development, it would be beneficial to develop a research program that can track the media habits of young children and their families over time using valid and reliable research methods.

(9) Research about the impact of the media on children and adolescents is not presently supported through one primary programmatic effort. The responsibility for directing the research is distributed across disparate agencies in an uncoordinated fashion, or is overlooked entirely. The lack of any centralized organization for research minimizes the value of the knowledge produced by individual studies. A more productive approach for generating valuable findings about the impact of the media on children and adolescents would be to establish a single, well-coordinated research effort with primary responsibility for directing the research agenda.

(10) Due to the paucity of research about electronic media, educators and others interested in implementing electronic media literacy initiatives do not have the evidence needed to design, implement, or assess the value of these efforts.

(b) PURPOSE.—It is the purpose of this Act to enable the Centers for Disease Control and Prevention to—

(1) examine the role and impact of electronic media in children's and adolescents' cognitive, social, emotional, physical, and behavioral development; and

(2) provide for a report to Congress containing the empirical evidence and other results produced by the research funded through grants under this Act.

SEC. 3. RESEARCH ON THE ROLE AND IMPACT OF ELECTRONIC MEDIA IN THE DEVELOPMENT OF CHILDREN AND ADOLESCENTS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 3990. RESEARCH ON THE ROLE AND IMPACT OF ELECTRONIC MEDIA IN THE DEVELOPMENT OF CHILDREN AND ADOLESCENTS.

"(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention (referred to in this section as the 'Director') shall enter into appropriate arrangements with the National Academy of Science in collaboration with the Institute of Medicine to establish an independent panel of experts to review, synthesize and report on research, theory, and applications in the social, behavioral, and biological sciences and to establish research priorities regarding the positive and negative roles and impact of electronic media use, including television, motion pictures, DVD's, interactive video games, and the Internet, and exposure to that content and medium on youth in the following core areas of child and adolescent development:

"(1) COGNITIVE.—The role and impact of media use and exposure in the development of children and adolescents within such cognitive areas as language development, attention span, problem solving skills (such as the ability to conduct multiple tasks or 'multitask'), visual and spatial skills, reading, and other learning abilities.

"(2) PHYSICAL.—The role and impact of media use and exposure on children's and adolescents' physical coordination, diet, exercise, sleeping and eating routines, and other areas of physical development.

"(3) SOCIO-BEHAVIORAL.—The influence of interactive media on children's and adolescents' family activities and peer relationships, including indoor and outdoor play time, interaction with parents, consumption habits, social relationships, aggression, prosocial behavior, and other patterns of development.

"(b) PILOT PROJECTS.—During the first year in which the National Academy of Sciences panel is summarizing the data and creating a comprehensive research agenda in the children and adolescents and media area under subsection (a), the Secretary shall provide for the conduct of initial pilot projects to supplement and inform the panel in its work. Such pilot projects shall consider the role of media exposure on—

"(1) cognitive and social development during infancy and early childhood; and

"(2) the development of childhood and adolescent obesity, particularly as a function of media advertising and sedentary lifestyles that may co-occur with heavy media diets.

"(c) RESEARCH PROGRAM.—Upon completion of the review under subsection (a), the Director of the Centers for Disease Control and Prevention shall develop and implement a program that funds additional research determined to be necessary by the panel under subsection (a) concerning the role and impact of electronic media in the cognitive, physical, and socio-behavioral development of children and adolescents with a particular focus on the impact of factors such as media

content, format, length of exposure, age of child or adolescent, and nature of parental involvement. Such program shall include extramural and intramural research and shall support collaborative efforts to link such research to other Department of Health and Human Services research investigations on early child health and development.

“(d) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall—

“(1) prepare and submit to the Director an application at such time, in such manner, and containing such information as the Director may require; and

“(2) agree to use amounts received under the grant to carry out activities that establish or implement a research program relating to the effects of media on children and adolescents pursuant to guidelines developed by the Director relating to consultations with experts in the area of study.

“(e) USE OF FUNDS RELATING TO THE MEDIA’S ROLE IN THE LIFE OF A CHILD OR ADOLESCENT.—An entity shall use amounts received under a grant under this section to conduct research concerning the social, cognitive, emotional, physical, and behavioral development of children or adolescents as related to electronic mass media, including the areas of—

“(1) television;

“(2) motion pictures;

“(3) DVD’s;

“(4) interactive video games;

“(5) the Internet; and

“(6) cell phones.

“(f) REPORTS.—

“(1) REPORT TO DIRECTOR.—Not later than 12 months after the date of enactment of this section, the panel under subsection (a) shall submit the report required under such subsection to the Director.

“(2) REPORT TO CONGRESS.—Not later than December 31, 2011, the Director shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and Committee on Education and the Workforce of the House of Representatives a report that—

“(A) summarizes the empirical evidence and other results produced by the research under this section in a manner that can be understood by the general public;

“(B) places the evidence in context with other evidence and knowledge generated by the scientific community that address the same or related topics; and

“(C) discusses the implications of the collective body of scientific evidence and knowledge regarding the role and impact of the media on children and adolescents, and makes recommendations on how scientific evidence and knowledge may be used to improve the healthy developmental and learning capacities of children and adolescents.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

“(1) \$10,000,000 for fiscal year 2006;

“(2) \$15,000,000 for fiscal year 2007;

“(3) \$15,000,000 for fiscal year 2008;

“(4) \$25,000,000 for fiscal year 2009; and

“(5) \$25,000,000 for fiscal year 2010.”

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 282—SUPPORTING THE GOALS AND IDEALS OF NATIONAL DOMESTIC VIOLENCE AWARENESS MONTH AND EXPRESSING THE SENSE OF THE SENATE THAT CONGRESS SHOULD RAISE AWARENESS OF DOMESTIC VIOLENCE IN THE UNITED STATES AND ITS DEVASTATING EFFECTS OF FAMILIES

Mr. BIDEN (for himself, Mr. ROCKEFELLER, Mr. JOHNSON, Mrs. MURRAY, Ms. CANTWELL, Mr. LAUTENBERG, Mr. BAYH, Mr. KOHL, Mrs. CLINTON, Ms. STABENOW, Mr. CORZINE, Mr. AKAKA, Mrs. BOXER, Ms. MIKULSKI, Mr. DAYTON, Mr. CORNYN, Mr. SARBANES, Mr. STEVENS, Mr. SPECTER, Mr. LEAHY, Mr. TALENT, Mr. KERRY, Mr. BYRD, Mr. NELSON of Florida, Mr. KENNEDY, Mr. FEINGOLD, and Mr. SALAZAR) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 282

Whereas 2005 marks the 11th anniversary of the enactment of the Violence Against Women Act of 1994 (Public Law 103-322, 108 Stat. 1902);

Whereas since the passage of the Violence Against Women Act of 1994, communities have made significant progress in reducing domestic violence such that between 1993 and 2001, the incidents of nonfatal domestic violence fell 49 percent;

Whereas the Violence Against Women Act of 1994 cost \$15.50 per woman to implement, and has been estimated to save \$159 per woman, totaling a savings of nearly \$14,800,000,000 since its creation in averted costs of victimization;

Whereas since it was created by the Violence Against Women Act of 1994, the National Domestic Violence Hotline has been used to answer over 1,000,000 calls;

Whereas States have passed over 660 State laws pertaining to domestic violence, stalking, and sexual assault;

Whereas the Violence Against Women Act of 1994 has helped make strides toward breaking the cycle of violence, but there remains much work to be done;

Whereas the Senate recently passed the Violence Against Women Act of 2005 which reauthorized critical components of the original Act and established additional protections for battered immigrants and victims of human trafficking in order to further combat domestic violence and sexual assault;

Whereas domestic violence affects women, men, and children of all racial, social, religious, ethnic, and economic groups in the United States;

Whereas protecting the economic security of victims can help break the cycle of domestic violence;

Whereas abusers frequently seek to control their partners by actively interfering with the ability of their partners to work, including by preventing their partners from going to work and harassing their partners at work;

Whereas only 28 States and the District of Columbia have laws that explicitly provide unemployment insurance to victims of domestic violence under certain circumstances;

Whereas, on average, more than 3 women are murdered by their husbands or boyfriends in the United States every day;

Whereas women who have been abused are much more likely to suffer from chronic pain, diabetes, depression, unintended pregnancies, substance abuse, and sexually transmitted infections, including HIV/AIDS;

Whereas only about 10 percent of primary care physicians routinely screen for domestic violence during new patient visits, and 9 percent routinely screen during periodic checkups;

Whereas each year, about 324,000 pregnant women in the United States are battered by the men in their lives, leading to pregnancy complications, such as low-weight gain, anemia, infections, and first and second trimester bleeding;

Whereas every 2 minutes, someone in the United States is sexually assaulted;

Whereas almost 25 percent of women surveyed had been raped or physically assaulted by a spouse or boyfriend at some point in their lives;

Whereas in 2002 alone, 250,000 women and girls older than the age of 12 were raped or sexually assaulted;

Whereas 64 percent of women have reported being raped, physically assaulted, or stalked since age 18 by their current or former intimate partner;

Whereas 1 out of every 12 women has been stalked in her lifetime;

Whereas approximately 503,000 women are stalked by an intimate partner annually in the United States;

Whereas the influence of cultural norms, economics, language barriers, and limited access to legal services and information may render some immigrant women particularly vulnerable to abuse;

Whereas 1 in 5 adolescent girls in the United States becomes a victim of physical or sexual abuse, or both, in a dating relationship;

Whereas 40 percent of girls ages 14 to 17 report knowing someone their age who has been hit or beaten by a boyfriend;

Whereas approximately 8,800,000 children in the United States witness domestic violence each year;

Whereas witnessing domestic violence increases the risk of developing long-term physical and mental health problems, future struggles with substance abuse, and experiencing domestic abuse as a victim;

Whereas a boy who witnesses his father’s domestic violence is 10 times more likely to engage in domestic violence than a boy from a nonviolent home;

Whereas almost 37 percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend, or girlfriend;

Whereas the cost of domestic violence, including rape, physical assault, and stalking, exceeds \$5,800,000,000 each year, of which \$4,100,000,000 is spent on direct medical and mental health care services;

Whereas 44 percent of the mayors of the United States have identified domestic violence as a primary cause of homelessness;

Whereas over 50 percent of abused women lose at least 3 days of work per month due to domestic violence, 60 percent of battered women endure reprimands for arriving late to work and displaying other work-related problems associated with abuse, and 70 percent report difficulties in performing their work due to the effects of domestic violence;

Whereas existing statistical data suggests that forced prostitution, trafficking for sex, and sex tourism has increased throughout the world;

Whereas the need to increase the public awareness and understanding of domestic violence and the needs of battered women and their children continues to exist;