

Perez, said: "The fact that someone visited a Web site, and you don't know if they did anything wrong, can't be a reason to go into their home and seize their computer."

Daniel A. Juengel, a lawyer for Gregory Strauser, the defendant in the St. Louis case, called the rulings "a major victory for the Fourth Amendment," which protects against illegal searches and seizures. Mr. Juengel said he believed the decisions would significantly change how the Justice Department handled search warrants involving Internet crime, and how judges looked at affidavits in such cases.

The F.B.I. spokeswoman had no comment on the rulings, or on the agents' actions, and said that the agents would also have no comment. One agent, Geoffrey Binney, has left the F.B.I., and did not return a message left at his office seeking comment.

It could not be learned yesterday how many Candyman prosecutions have relied on the affidavit in question, but it appears that there could be many challenges.

Judge Chin noted that 700 copies of a draft version of the affidavit were sent to F.B.I. offices around the country for use in the investigation. In New York, federal prosecutors in Manhattan and Brooklyn announced last July that 10 people, including Mr. Perez, were being charged in the Candyman investigation.

Without the false statement in the affidavit, Judge Chin said, all that remained was the allegation that Mr. Perez had subscribed to a Web site where unlawful images of child pornography could be downloaded.

"If the government is correct in its position that membership in the Candyman group alone was sufficient to support a finding of probable cause, then probable cause existed to intrude into the homes" of several thousand people, merely because their e-mail addresses were entered into the Web site, Judge Chin wrote.

"Here, the intrusion is potentially enormous," the judge added. "Thousands of individuals would be subject to search, their homes invaded and their property seized, in one fell swoop, even though their only activity consisted of entering an e-mail address into a Web site from a computer located in the confines of their own homes."

#### DISTURBING DEVELOPMENTS IN THE REPUBLIC OF GEORGIA

Mr. CAMPBELL. Mr. President, as cochairman of the Commission on Security and Cooperation in Europe, I am concerned by a myriad of problems that plague the nation of Georgia a decade after restoration of its independence and nearly eleven years after it joined the Organization for Security and Cooperation in Europe, OSCE. Among these pressing concerns that I would like to bring to the attention of my colleagues is the ongoing violence against non-Orthodox religious groups, as well as allegations of torture perpetrated by Georgian security officials.

Concerning religious freedom, the situation in Georgia is one of the worst in the entire 55-nation region constituting the OSCE. Georgia is the only OSCE country where mobs are allowed to attack, violently and repeatedly, minority religious groups with complete impunity. Most recently, on January 24th, worshipers and clergy were assaulted and beaten in a mob attack on the Central Baptist Church in Tbilisi, where an ecumenical service

was to have taken place. While police did eventually intervene, no arrests were made, and the planned ecumenical service between Baptists, Armenian Apostolic Church, Catholics and Lutherans was canceled. While I am pleased President Shevardnadze did issue a decree calling for a full investigation, to date no action by police or the Prosecutor General has taken place.

During the past three years of escalating mob violence, the Jehovah's Witnesses have experienced the majority of attacks, along with Baptists, Pentecostals, and Catholics. Sadly, victims from throughout the country have filed approximately 800 criminal complaints, and not one of these has resulted in a criminal conviction. The mob attacks are usually led by either Vasilii Mkalavishvili, a defrocked Georgian Orthodox priest, or Paata Bluashvili, the leader of the Orthodox "Jvari" Union. Often the police and media are tipped off in advance of an attack—probably so that the media can arrive early and the police can show up late. The brazen leaders of these attacks have even given television interviews while mob brutality continues in the background.

In response to this ongoing campaign of violence against members of minority faiths, the leadership of the Helsinki Commission and other members of the Senate and House have been in correspondence with President Shevardnadze on numerous occasions. Congressional dismay over this ongoing issue was also reflected in language included in the omnibus appropriations bill underscoring concern over the Georgian Government's apparent resistance to prosecuting and jailing the perpetrators of these mob attacks. Despite assurances, Georgian officials have neither quelled this violence nor taken effective measures against the perpetrators of these assaults. Ironically, it appears that minority religious communities may be freer in parts of Georgia outside of Tbilisi's control than those under the central authorities.

The conference report language should send a strong message to President Shevardnadze and other Georgian leaders. They must understand the Congress's deep and abiding interest in this matter and our desire to see those responsible for the violence put in jail.

I also must express my concern regarding the widespread, indeed routine, use of torture in the Republic of Georgia. While law enforcement remains virtually nonexistent when it comes to protecting religious minorities from violent attacks, the use of torture by police remains a commonplace tool for extracting confessions and obtaining convictions in other areas. A government commission has also acknowledged that the scale of corruption in law enforcement has seriously eroded public confidence in Georgia's system of justice and the rule of law.

At one point, a few years ago, there appeared to be real political will to ad-

dress this problem. Sadly, increased protections for detainees, adopted to facilitate Georgia's accession to the Council of Europe, were quickly reversed by the parliament once Georgia's admission was complete. Moreover, I am particularly concerned by remarks made by Minister of Interior Koba Narchemashvili in November. In a move calculated to look tough on crime following a notorious murder, he called for seizing control of pre-trial detention facilities from the authority of the Ministry of Justice. This would move Georgia in exactly the wrong direction. Reform must continue on two levels; continuing to move Georgia's legal standards into compliance with international norms, and improving actual implementation by law enforcement officers.

I want to see a prosperous, democratic, and independent Georgia, but these facts are deeply disturbing and disappointing. The Government of Georgia's failure to effectively address these concerns through decisive action will only further erode confidence here in Washington as well as with the people of Georgia.

#### COVER THE UNINSURED WEEK

Mr. JOHNSON. Mr. President, in recognition of Cover the Uninsured Week, March 10th through the 16th, I want to address a very serious issue that our country is facing on the domestic front. It is a problem that can be found in every State and encompasses a staggering 41 million Americans, a number that is only due to increase if we do not take immediate efforts to remedy the problem. I am referring to the number of people in this country who lack health insurance. Let me also take this opportunity to acknowledge the effort that is being put forth this week by numerous individuals, organizations, and businesses alike who have been instrumental in arranging Cover the Uninsured Week. This event will highlight the degree to which the issue affects our society and will serve as a venue bringing communities, professionals, educators, faith groups, legislators, businesses, and those directly affected to find solutions.

There are 41 million Americans who lack health insurance, 75,000 of whom are South Dakotans. In 2001, 41.2 million people or 14.6 percent of the U.S. population were uninsured, which was an increase of 1.4 million from the previous year. This is most likely a result of the continued increase in the unemployment rate. These factors, coupled with State budgets that are strapped thin, are what many analysts predict is the making of a "perfect storm" in the wake of health care today. South Dakota is facing a \$54 million shortfall this year alone.

Every year, South Dakota continues to lose access to health insurance companies. Currently, there are only three health insurance carriers offering individual coverage in this State. This is

compounded with the continued increase of yearly premiums, which have left many individuals and families having to choose either between coverage and financial insecurity or joining the ranks of the uninsured and watching the possible deterioration of their health. Nationally, 8 out of 10 or the uninsured are in working families that cannot afford health insurance and are not eligible for public programs. In South Dakota, 84 percent of the uninsured live in a family headed by a working adult. The Center for Studying Health System Change found that health care costs for privately insured Americans jumped 10 percent in 2001. In 2002, premiums for employer-sponsored health coverage increased 12.7 percent. As many as 40 percent of small businesses in South Dakota that have provided workers a health benefit say that they may have to eliminate it. In addition, children are seriously affected by this decrease in health insurance coverage. While South Dakota has done very well at enrolling eligible children in the State Children's Health Insurance Program SCHIP, according to a January 2003 report by the Children's Defense Fund the State ranks 16th in the Nation in percent of uninsured children. A recent report showed that 19,000 South Dakota children under age of 19 are uninsured. These statistics on both the South Dakota level, as well as national level, only reconfirm the seriousness of the problem.

It goes without saying that the uninsured often face greater challenges and run a higher risk of developing chronic illness because seeking treatment or even preventative care is fiscally out of the question. A third of uninsured South Dakotans report needing to see a doctor but not going because of cost concerns. National studies have shown that the uninsured are four times more likely to experience an avoidable hospital or emergency room visit or stay. For those who experience these types of visits, medical costs can be too substantial to pay. Outstanding medical bills are a leading cause of bankruptcy and have been cited as a reason for half of all personal bankruptcy filings. It is troubling to know that a large number of Americans are placed in a position to gamble with their health and be faced with possible financial ruin if they seek care for minor or major ailments.

With these staggering statistics, we need to take initiatives, as well as employ current resources, that will prevent this problem from becoming even worse. I support the establishment of full deductibility of health insurance premiums for the self-employed. I feel strongly that we need to make additional funding available to community health centers and other public health programs, which are the main source of care for the uninsured. As well, I look forward to further movement on such legislative initiatives as the Family Opportunity Act, which would give States the option of allowing families

of disabled children to purchase Medicaid coverage for them, and would provide for treatment of inpatient psychiatric hospital services for individuals under age 21 by allowing for payment of part or all of the cost of home or community-based services. While all of these initiatives are important steps forward, more needs to be done.

It is also important as we move forward with these initiatives, that we make sure to take precautions on other levels, so as not to exacerbate this problem any further. It is for this reason that I am concerned with the administration's Medicaid reform proposal. With States facing the most serious fiscal shortfalls to date, it is imperative to see that such programs as Medicaid be adequately funded. In previous years we have seen how Federal assistance has helped to expand this program, and in many ways been able to pick up where Medicare has left off. The Medicaid program has proved instrumental in providing health care coverage for many who would otherwise fall into the growing ranks of the uninsured.

Currently, there are 91,531 Medicaid-eligible recipients in South Dakota and the States' Medicaid expenditures are in excess of \$450 million. This includes both State and Federal dollars. It is projected that the South Dakota Medicaid Program will spend over \$70 million on prescription drugs alone in fiscal year 2003. The President's proposal would for the most part cease future Federal assistance, which has been instrumental in funding this program, and leave States having to pay back any Federal assistance they receive in a decade from now. This is not a solution, but a reshuffling of responsibility and liability from Federal and State to just States. This proposed reform could leave thousands of additional South Dakotans uninsured.

As you can see, the high volume of the uninsured is a serious situation in South Dakota, as well as the Nation at large. This problem needs to be remedied before any further erosion of our health care system commences. I look forward to the progress that will arise this week from the numerous presentations and discussions that will take place. However, it is my hope these discussions do not stop here. The ultimate goal of covering the uninsured can be reached as long as we work in a bipartisan fashion on both the Federal and State levels to make health care more affordable and accessible to all Americans.

#### FIBRODYSPLASIA OSSIFICANS PROGRESSIVA

Mr. CORZINE. Mr. President, I rise to call attention to a little-known, little-understood, devastating "orphan" disease fibrodysplasia ossificans progressiva, or FOP—which strikes children between age 2 and 10.

Normally, when a young child sprains a wrist or an ankle, or bruises

a knee, there's a natural healing process. But children with FOP—develop catastrophic bone spurs at the site of the injury that continue to grow, encasing major organs and exerting painful, life-threatening pressure. According to Dr. Frederic Kaplan, an orthopedic surgeon at the University of Pennsylvania, the worldwide center for FOP research, the average lifespan for people with this dreadful disease is about 45 years. But most sufferers are wheel-chair bound by age 20, breathing with the greatest difficulty, unable to feed or dress themselves.

Here's the sad problem: there are perhaps 300 FOP cases in the world—at least 12 in my state of New Jersey, 16 in New York, and 13 in Pennsylvania. This is the orphan of all orphan diseases. So we need to put a human face on this. For me, that face belongs to 10-year old Whitney Weldon, of Westfield, New Jersey. When first diagnosed two years ago, Whitney did all the things most all children do—run, play ball, skip down the street. Now she cannot lift her arms over her head. But she is able to ride a special bicycle and enjoy the art she loves, and time with her best friend. We want to give her the chance for more time, and to do that we need money for research. Right now Whitney's only treatment consists of painkillers and anti-inflammatory steroids. Nothing stops the bone growth.

Dr. Kaplan and his research partner at the University of Pennsylvania, Dr. Eileen Shore, have received a little more than \$1 million over 4 years from the National Institutes of Health for research into the gene that causes FOP and to determine the pathways by which this abnormal gene causes extra bone production. This funding is a tribute to their progress so far, but there is still such a long way to go. Dr. Kaplan's annual budget is \$1 million. About 20 percent of that comes from NIH funding—the other 80 percent comes from families and friends. And I'll tell you something interesting—Dr. Kaplan says that even though FOP affects only one person in 2 million, the answers that can be found in continued research can shed light on osteoporosis and extra-bone formation that occurs after head or spinal cord trauma. So there is the very real potential of beneficial effects for many millions of people.

There are some promising avenues. Adult stem cell research and examination of bone marrow from FOP sufferers have yielded possible directions to pursue. Wider stem cell research would be exponentially more helpful.

Whitney's parents enable her to live as normal a life as possible for as long as possible. And she shares fun and confidences with Mackenzie Roach, her friend since kindergarten. She also shares one of life's extraordinary connecting bonds with Mackenzie. Stephen Roach, Mackenzie's father, was killed on September 11 when terrorists bombed the World Trade Center. Stephen was very involved in raising funds