

and Americans' support for health care.

You only need to look at the numbers. In Iraq, currently 13 million people receive basic access to health care, half the country. One hundred percent of the population has maternity care. Every Baghdad hospital and clinic is operating. In Detroit, we just had to close down two hospitals because we did not have any money.

There are 7,500 tons of medicine distributed to hospitals and clinics, and there are 128 generators and power supplies being installed in Iraq.

Let us go to the United States. Not one new dollar has been spent on 42 million uninsured Americans.

There has been no increase for the Maternal and Child Health Block Grant or the National Health Service Corps; no increase for the childhood immunization program; Congress has underfunded HIV prevention and care, and failed to address the Nation's nursing shortage.

We have no control over runaway healthcare costs and can no longer afford prescription drug coverage.

Instead of again dipping into the pockets of working Americans and risking veterans' benefits for our troops when they return home, I support proposals to suspend the tax cuts for the top 1 percent of income earners to pay for the Bush administration's \$87 billion supplemental. And I urge Congress to consider my bill, H.R. 3051, to include support for our troops in this supplemental aid package to Iraq.

Again, my bill provides a \$1,500 bonus to military personnel who serve under the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserves in a combat zone in Iraq and Afghanistan.

In the coming year an estimated 150,000 young men and women will not see their families, a record number of reservists and guardsmen and women will put their private sector opportunities and jobs on hold, and thousands of children from every part of America will pray for their parents' safe return.

These extraordinary times, deserve an exemplary measure. I urge you to support my bill, H.R. 3051, to provide for our troops in Iraq and Afghanistan, and to make it a part of the supplemental appropriations bill.

Give our troops the \$1,500 bonus they deserve.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. CONYERS) is recognized for 5 minutes.

(Mr. CONYERS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

NATIONAL SICKLE CELL AWARENESS MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Madam Speaker, I rise in recognition of National Sickle Cell Awareness Month. This inherited, debilitating blood disorder affects more than 2.5 million Americans, most of them of African heritage. In fact, it is the most common genetic disease in the United States. In my home State of Illinois, there are more than 3,000 African Americans who live with sickle cell disease every day.

Many adults with SCD have severe physical problems, such as acute lung complications, that may result in death. Moreover, there is an estimated 70,000 or more Americans who have SCD.

□ 2015

The average lifespan for an adult with sickle cell disease is the mid-40s. With proper treatment, many people with sickle cell anemia can lead productive lives and enjoy reasonably good health into their 40s and beyond.

Sickle cell anemia can lead to a host of complications, including stroke, acute chest syndrome, organ damage, blindness and ulcers appearing on the lower legs. Sickle cells can also block blood vessels, which nourish the skin, causing cells to die.

There are a number of treatments and prescriptions designed for this disorder, causing a 40 percent reduction in death. While bone marrow transplantation is a curative therapy for SCD, this therapy is used in only a minority of patients, predominantly because of the high risk of the procedure and difficulty in finding suitable donors. This surgery is painful, yet also traumatic.

Unfortunately, this procedure is expensive. Many insurance carriers do not cover this expense; and sadly to say, many African Americans are less likely to donate bone marrow.

Sickle cell patients and their families may need help in handling the economic and psychological stresses of coping with this serious chronic disease. Sickle cell centers and clinics can provide information and counseling on how to handle these problems.

People who are planning to become parents should know whether they are carriers of the sickle cell gene; and if they are, they may want to seek genetic counseling. The counselor can tell prospective parents what the chances are that their child will have the sickle cell trait or sickle cell anemia.

There is no cure for sickle cell disease. However, H.R. 1736, the Sickle Cell Treatment Act of 2003, which I introduced along with the gentleman from North Carolina (Mr. BURR), moves us closer to a cure and improves the quality of life for those living with the disease. H.R. 1736 provides funding for sickle cell disease and related services,

making it easier for doctors to treat SCD patients by increasing the availability of physician and laboratory services that are not currently reimbursed or under-reimbursed by Medicaid.

In addition, the bill creates 40 sickle cell disease treatment centers through a \$10 million grant program for 5 years. Another key component of the bill is that it allows States to receive a fifty-fifty funding match for nonmedical expenses related to sickle cell disease treatment, such as genetic counseling, community outreach, education and other services. In addition, H.R. 1736 creates a national coordinating center, operated by the U.S. Department of Health and Human Services, to oversee the SCD funding and research conducted at hospitals, universities and community-based organizations in a coordinated effort to educate patients and help find a cure for the disease.

This legislation is about improving patient care and putting patients first. I hope that as we celebrate Sickle Cell awareness Month that we will also find a cure for this terrible disease. I urge support for H.R. 1736.

The SPEAKER pro tempore (Mrs. MILLER of Michigan). Under a previous order of the House, the gentleman from California (Mr. ROHRBACHER) is recognized for 5 minutes.

(Mr. ROHRBACHER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

AMERICA SHOULD RECEIVE THE SAME FUNDING AS IRAQ

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

Mr. EMANUEL. Madam Speaker, we are on the verge of considering \$87 billion to be spent in Iraq and Afghanistan. This is the second payment on top of the first \$70 billion that was requested by the administration, and Secretary Powell the other day noted this is a down payment for an additional request to come 6 months from now.

Back in April, I introduced a bill called the American Parity Act, which said whatever we invested in Iraq's health care, their education, their infrastructure, their armed forces, we ought to do here at home. Today, I am proud to announce we have 102 sponsors; but in his recent request, there is \$6 billion for the Iraqi electric grid, and what does America get? They get the blackout. Not a single dollar invested in America's electric grid.

Iraq is being pledged, and thought of, \$4 billion for water purification, a wetlands restoration project for Iraq, we finally found an environmental policy the administration can support, and all types of water projects in Iraq. Yet in the Great Lakes, where 40 million Americans get their daily drinking