

119TH CONGRESS
2D SESSION

S. RES. 780

Expressing support for the designation of June 19, 2026, as “World Sickle Cell Awareness Day” in order to increase public awareness across the United States and global community about sickle cell disease and the continued need for empirical research, early detection screenings, novel effective treatments leading to a cure, and preventative care programs with respect to complications from sickle cell anemia and conditions relating to sickle cell disease.

IN THE SENATE OF THE UNITED STATES

JUNE 18, 2026

Mr. BOOKER (for himself and Mr. VAN HOLLEN) submitted the following resolution; which was referred to the Committee on Foreign Relations

RESOLUTION

Expressing support for the designation of June 19, 2026, as “World Sickle Cell Awareness Day” in order to increase public awareness across the United States and global community about sickle cell disease and the continued need for empirical research, early detection screenings, novel effective treatments leading to a cure, and preventative care programs with respect to complications from sickle cell anemia and conditions relating to sickle cell disease.

Whereas sickle cell disease (referred to in this preamble as “SCD”) is a group of inherited red blood cell disorders,

a genetic condition present at birth, and a major health problem in the United States and worldwide;

Whereas the 2026 theme of World Sickle Cell Awareness Day, “Closing the Survival Gap: Equity in Sickle Cell Disease”, is an immediate call to close the survival gap and push towards a universal cure;

Whereas, in 1972, Dr. Charles Whitten cofounded the Sickle Cell Disease Association of America to improve research, education, and health care for SCD patients and which is now headquartered in Hanover, Maryland;

Whereas, in 1972, Congress passed the National Sickle Cell Anemia Control Act (Public Law 92–294; 86 Stat. 136), which, for the first time, provided authority to establish education, information, screening, testing, counseling, research, and treatment programs for SCD;

Whereas sickle cell trait (referred to in this preamble as “SCT”) is a gene mutation that causes a single misspelling in the DNA instructions for hemoglobin, a protein that aids in carrying oxygen in the blood, and can result in chronic complications for individuals living with SCD, including anemia, stroke, infections, organ failure, tissue damage, intense periods of pain referred to as vaso-occlusive crises, and even premature death;

Whereas SCT occurs when an individual inherits 1 copy of the sickle cell gene from 1 parent, and, although most individuals who have SCT live normal lives, when both parents have SCT, there is a 25 percent chance that any of their children will have SCD;

Whereas there are an estimated 1,000,000 to 3,000,000 individuals with SCT in the United States, with many unaware of their status;

Whereas approximately 100,000 individuals have SCD in the United States, with 1 out of every 365 African-American births and 1 out of every 16,300 Hispanic-American births resulting in SCD, and nearly 1 out of 13 African-American babies are born with SCT;

Whereas SCD affects millions of individuals throughout the world, especially individuals of genetic descent from certain countries in sub-Saharan Africa, South and Central America, Saudi Arabia, India, and the Mediterranean basin;

Whereas the variance relating to the prevalence of SCT ranges greatly by region and demography, with overall rates as high as 40 percent in parts of Africa;

Whereas approximately 1,000 children in Africa are born with SCD each day, 50 to 80 percent of whom will die before their fifth birthday;

Whereas, in 2006, the World Health Assembly passed a resolution, adopted by the United Nations in 2009, recognizing SCD as a public health priority with a call to action for each country to implement measures to tackle the disease, and in 2010, the World Health Assembly passed a resolution relating to preventing and managing birth defects, including SCD;

Whereas screening newborns for SCD is a crucial first step for families to obtain a timely diagnosis, to obtain comprehensive care, and to decrease the mortality rate for children with respect to SCD;

Whereas, in 2023, hematopoietic stem cell transplantation (commonly known as “HSCT” or bone marrow transplant) was the only cure for SCD, and the Food and

Drug Administration has since approved 2 gene therapies that have been demonstrated to cure SCD;

Whereas there is an immediate need for lifesaving therapeutics that can improve the duration and quality of life for individuals with SCD;

Whereas, in 2020, the National Academies of Sciences, Engineering, and Medicine developed a comprehensive strategic plan and blueprint for action to address SCD, which highlights the need to develop new innovative therapies and to address barriers to the equitable access of approved treatments;

Whereas, in 2020, the Department of Health and Human Services, in partnership with the American Society of Hematology and the SickleInAfrica Consortium, and in collaboration with the World Health Organization, hosted a webinar for a joint effort to strengthen efforts to combat SCD during the COVID–19 pandemic and beyond;

Whereas the late Kwaku Ohene-Frempong, M.D., Professor Emeritus of Pediatrics at the Perelman School of Medicine at the University of Pennsylvania and American Society of Hematology member who founded and served as a member of the Global Sickle Cell Disease Network, was a leader in advancing the body of knowledge in SCD research, public health, and medicine and is recognized as immeasurably benefitting thousands of children worldwide; and

Whereas, although June 19, 2026, has been designated as “World Sickle Cell Awareness Day” to increase public awareness across the United States and global community about SCD, there remains a continued need for empirical research, early detection screenings, novel effective

treatments leading to a cure, and preventative care programs with respect to complications from sickle cell anemia and conditions relating to SCD: Now, therefore, be it

1 *Resolved*, That the Senate—

2 (1) supports the goals and ideals of World Sick-
3 le Cell Awareness Day;

4 (2) commits to ensuring equitable access to new
5 sickle cell disease (referred to in this resolution as
6 “SCD”) treatments by shining the light among all
7 economic, racial, and ethnic groups to improve
8 health outcomes for individuals living with SCD;

9 (3) calls on the Department of Health and
10 Human Services to create global policy solutions
11 aimed at providing support for the global community
12 with respect to SCD and, in partnership with local
13 governments, the domestic resources needed to pro-
14 vide access to newborn screening programs, thera-
15 peutic interventions, and support services with re-
16 spect to SCD;

17 (4) supports eliminating barriers to equitable
18 access to innovative SCD therapies, including cell,
19 gene, and gene-editing therapies in the Medicare and
20 Medicaid systems for the most vulnerable patients;

21 (5) encourages the people of the United States
22 and the world to hold appropriate programs, events,

1 and activities on World Sickle Cell Awareness Day
2 to raise public awareness of SCD traits, preventa-
3 tive-care programs, treatments, and other patient
4 services for those suffering from SCD, complications
5 from SCD, and conditions relating to SCD;

6 (6) encourages the President to form a Sickle
7 Cell Disease Interagency Group, which should in-
8 clude the Department of Health and Human Serv-
9 ices, the Department of Veterans Affairs, the Na-
10 tional Institute of Health, the Food and Drug Ad-
11 ministration, and the Centers for Medicare & Med-
12 icaid Services, to work toward policies that will sup-
13 port equitable and appropriate access to innovative
14 SCD therapies; and

15 (7) with respect to the policies described in
16 paragraph (6), urges the interagency group de-
17 scribed in that paragraph to consider options that
18 not only address access to potential future curative
19 treatments for SCD, but also address the biases that
20 the populations most affected by SCD continue to
21 face within the United States and global healthcare
22 systems.

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