

party's hard record on health care. The total number of uninsured Americans has increased by 3.8 million since President Bush took office and now totals 15.2 percent of our population. In other words, 15 out of every 100 Americans lack health insurance.

Madam Speaker, there is no doubt that the increase in the number of uninsured is a direct result of our weak economy, but there are other contributing factors such as the rise in health care costs by double-digit percentage points, States dropping Medicaid beneficiaries due to financial constraints, and, most importantly, employers eliminating employer-sponsored health coverage due to ever-rising costs.

Employer-based coverage, which is, in fact, the largest source of coverage in the United States, has declined dramatically in the past few years. The census figures show that last year alone, loss of employer-sponsored coverage led to 1.3 million Americans joining the ranks of the uninsured.

Madam Speaker, this is particularly significant in the context of the Medicare bill that is currently being worked out in conference. As it currently stands, the Republican Medicare bill, which passed the House, encourages employers who are currently providing retiree health benefits to drop coverage. Unfortunately, the Republican bill states that any dollar an employer pays for an employee's prescription drug costs would not count towards the employee's out-of-pocket catastrophic cap. And this disadvantages 12 million out of 40 million seniors with employer-sponsored coverage because it would be almost impossible for them to reach the bill's catastrophic cap over which Medicaid would pay 100 percent of their drug costs. Without a doubt, many employers will stop offering retiree coverage if this Republican bill were to become law.

Now, the Republicans are also suggesting tax credits to the uninsured to purchase health insurance in the private market, but such offers simply do not work. And we need to immediately evaluate a number of proposals to alleviate the situation. For example, if everyone likes tax credits so much, then we should consider tax credits that can be credited by the individual towards employer-based health insurance that guarantees a basic package of benefits, or tax credits for hard-pressed small businesses to offer health insurance to its employees. Any of these type of initiatives that ensure a strong and stable system of employer-based health coverage really should be encouraged.

Madam Speaker, as Americans in private health insurance plans lost coverage, 3.2 million more Americans joined the Medicaid rolls. This is very problematic because, as we know, States continue to experience severe financial restraints and are not capable of maintaining their Medicaid or SCHIP programs for kids without a new infusion of Federal dollars. In fact,

with the weak economy and States cutting back their Medicaid programs, the number of uninsured is going to continue to rise.

Now, I think it is time for Congress to take responsibility and provide meaningful expansion of programs to once and for all reduce the number of uninsured Americans. And I know the Republicans have not bothered to deal with this effectively. The Democrats have had a number of proposals. We have rolled them out, but, of course, we have not been able to get support with the Republicans in the majority. But I think this information that came out today from the census, showing that the number of uninsured continues to rise so dramatically under President Bush's watch, is an indication that the Republican leadership here has to do something about it. We, as Democrats, are more than willing to join; but we cannot continue to have this situation where the number of uninsured continues to rise under President Bush and the Republican party's watch.

#### SUPPORT OUR TROOPS: \$1,500 BONUS BILL

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

Mr. STUPAK. Madam Speaker, this week as the other body takes up the President's request for the \$87 billion in supplemental appropriations for Iraq, we must do more for our troops and their families who are under increasing duress.

Specifically, Congress should grant a \$1,500 bonus to all who served in Iraq and Afghanistan.

Not since Vietnam have such a large number of troops had such long deployments. The pressure this puts on our troops and their families is tremendous.

This summer, the Department of Defense increased deployments for troops serving in Iraq and Afghanistan to 1 year, and not until last week, did the Department of Defense offer these troops who are living under highly primitive and stressful conditions a 2-week leave for rest and recuperation.

Tragically, this month our U.S. casualties in Iraq surpassed the number of those killed in the first Gulf War. We have now lost more than 308 servicemen and women.

Recognizing the increasing gravity of U.S. military involvement abroad, I have introduced H.R. 3051, to qualify all active-duty military personnel deployed for any length of time in Iraq and Afghanistan for a \$1,500 bonus. This \$1,500 bonus proposal should be part of the supplemental appropriations bill. Although, as Members of Congress, we may have different ideas about U.S. policy in Iraq, we can all agree our servicemen and women deserve our sincere recognition for their courageous efforts. Fifteen hundred

dollars will not only help boost morale, but will send a strong bipartisan message to our troops that Congress is unified behind them.

The Bush administration is actively lobbying Members of Congress to approve the \$21 billion in direct grants to support the infrastructure development in Iraq in this \$87 billion supplemental appropriations.

First of all, I see no reason why we cannot separate out these two items. The \$66 billion for defense, which we all support, should be made a separate bill. And the \$21 billion they want for reconstruction in Iraq should be placed in a separate bill, so we can have a debate on it. And then we should require Iraqi oil to be used as collateral for international loans to finance Iraqi infrastructure projects. And we should also ensure Iraq reconstruction contracts are competitively bid.

Either way, U.S. citizens should not be expected to support Iraqi development while many Americans face shortfalls in funding for health care, prescription drug coverage, school and road construction, and other critical infrastructure improvements.

Even to come up with this \$87 billion for the supplemental appropriations for Iraq, the U.S. must borrow the money base we are so far in debt thanks to the policies of this administration. We do not have the money. We have to borrow it. Yes, Congress must continue to work to help, but not at the expense of the Americans here at home and our troops abroad.

Some of my colleagues tonight have talked about waste, fraud and abuse; and I think it is shameful when we look at the waste, fraud and abuse being put forth by this administration when we look at reconstruction for Iraq.

Just take a look at some of these numbers they have provided us:

There is \$4 million to develop a set of telephone numbers and \$150 million for a national 911. In my district if you want 911, the local taxpayers have to do it.

How about \$100 million to build seven planned communities? Each community to have 3,258 houses.

Ten million dollars to finance 100 prison-building experts. We have to pay prison-building experts \$10 million to tell them how to do it in Iraq?

How about \$100 million for 2,000 garbage trucks?

And then they want \$20 million for Afghan consultants, whatever those are.

And we have \$850 million for health facility construction and medical equipment replacement. What about health care in this country?

How about \$900 million to import petroleum products such as kerosene and diesel? Remember, Iraq has the world's second largest oil reserves, and we have to import oil products to them?

The health care provisions alone provide a striking comparison between taxpayers' support of Iraqis health care

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.

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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.)

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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.

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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