

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

water, there is not a single dollar dedicated to deal with the drinking water in the recent environmental degradation of the Great Lakes along New York, Pennsylvania, Michigan, Ohio, Wisconsin, Illinois, Minnesota, and Indiana. We have a bipartisan bill to dedicate \$4 billion over 5 years to restore and upgrade the environmental quality of the Great Lakes where drinking water is provided for 40 million Americans, equal to the amount we are pledging for 1 year in Iraq.

Just this week, we are talking about spending \$4 billion for the Iraqi police. Yet the administration's budget cuts \$1 billion for the 100,000 police program here in the United States.

So what I did is produce a T-shirt. It envisions and puts on the front the President's reconstruction budget for all of Iraq and Afghanistan, the two proposals. On the back are the cuts here at home in the respective areas of health care, education, veterans health care and veterans hospital, veterans benefits, but also the cuts in job training and job growth.

In the last 2 years, Americans have lost 3 million jobs, 45 million Americans are without health insurance, 25 million of that 45 work full-time but have no health insurance.

We have taken 4 million Americans out of the middle class and put them in poverty and nearly \$1 trillion worth of corporate assets have been foreclosed on. That is the net result of the economic policies.

We have a vision for Iraq with an additional \$20 billion of reconstruction dollars, of American taxpayer dollars being spent on their roads, their health care, their ports. Um Qsar, a great port in Iraq, is being redredged. Yet we have a 10 percent cut in the Army Corps of Engineers here in the United States, which all of us use to keep our economic vitality and job growth in our districts.

The same values that we hold for Iraq we must pledge for all Americans. The same goals we envision for Iraq's future we must envision for America. Unfortunately, we have had two priorities, two sets of values, two sets of books, one for Iraq, their children for tomorrow and one for America.

I do not think I will ever not support our efforts in Iraq, but I will not support the deconstruction of the United States, and somebody can be cynical enough to now see how the votes for Iraq's reconstruction can be compared to what we are doing here at home, a \$90 billion cut in Medicaid, compared to the 13 million Iraqis who will get universal health care. Somebody could see that as wrong; opening up new universities in Iraq, while we cut \$500 million from Pell grants here in the United States.

So I ask my colleagues on the other side as they consider on the eve, and I understand the pressure of being loyal to our President and loyal to an administration's goal, to think about what this means what we are doing here at

home. Americans over the last 40 to 50 years have been very generous. They have funded the Marshall Plan, brought Europe back to its feet, helped build Japan after World War II. They have continually donated and helped other countries, but America will not be generous if the dream of a tomorrow for America is diminished compared to the dream we hold for the Iraqi people.

So as we are on the eve of debating the \$87 billion, we need to support our troops; but we need to support our people here at home for their education, their jobs, their health care, their economic development of their communities and the safety of their communities. We should treat our veterans who come home with the same respect we are treating the forces in Iraq that we are trying to rebuild.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

THE REAL STORY OF IRAQ

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Indiana (Mr. CHOCOLA) is recognized for 60 minutes as the designee of the majority leader.

This recognition is without prejudice to the resumption of legislative business.

Mr. CHOCOLA. Madam Speaker, I rise tonight to talk about the vote that we as Members of Congress are going to be asked to make in the near future and that is a vote we have already heard about tonight and that is the \$87 billion appropriation to support our men and women in uniform and the citizens of Iraq.

This is a lot of money, there is no question. And there is much commentary and maybe even some people would say much rhetoric revolving around this issue, but as we decide how to vote as Members of Congress and the American people develop an opinion on how they feel about their tax dollars being invested in this manner, I think it is imperative that we understand the real story of Iraq. I think it is imperative that we get beyond the rhetoric and the politics because this issue is way too important and has implications for generations to come, what the answer to the question about supporting the men and women in uniform

and the citizens of Iraq with \$87 billion is going to be.

I think we have to rely on facts, and the only way that we can understand the facts and discover the facts is to go seek them out for ourselves. That is why I went to Iraq not too long ago. I returned about 3 weeks ago, and I commend other Members of Congress that have taken the time and taken the effort to go find out for themselves what the real story of Iraq is.

I have to admit, when I went, I went with apprehension, and I did not go with apprehension because I was concerned about my personal safety. I went with apprehension because I was concerned that I would find the story of hopelessness, of pessimism because I had read the papers and I had watched the television, and it did not look like a pretty picture; but when I returned home, I had great optimism and I had great hope because what we see on TV and what we read in the papers is not the real story of Iraq and is not representative of what is actually happening on a day-to-day basis in that country.

When we landed, I really could not believe I was in the same country that I had seen on TV and read about in the papers. This was not a country in chaos. This was not a country where one felt unsafe and in fear for their personal safety. It was a country that was recovering from a scar of over 30 years of a brutal regime that its people had to live under. Sure, there are challenges that we are going to face and there are tragedies that happened, but there is also great hope, and there is great optimism because there have already been great successes.

The problem is the good news is not news. When a torture chamber that used to house Saddam Hussein's political prisoners gets turned into a police academy where tens of thousands of Iraqi police have been trained to protect their citizens and protect their country, no cameras show up, no reporters show up. When a school reopens, in fact when 1,000 new schools have been built in Iraq, there is not one reporter; and there was not one camera. When the power comes back on, when businesses can operate on a consistent basis, when restaurants can open, there are no reporters and there are no cameras. When the crop is harvested, thousands of acres of wheat, again, there are no reporters and no cameras, and businesses are opening every single day; but again, it goes unreported. But when there is one tragedy, certainly every camera and every reporter in the country is covering that story.

But for those that have visited Iraq, those that have actually taken the time and the effort to go, it cannot go unnoticed because a success is so clear and so obvious and so exciting and inspirational that we come back and we tell our stories. This is not a partisan issue. This is a situation where Republicans and Democrats have come back