

EXTENSIONS OF REMARKS

INCREASING AWARENESS OF KIDNEY DISEASE IN THE AFRICAN AMERICAN COMMUNITY

HON. DONNA M. CHRISTENSEN

OF THE VIRGIN ISLANDS
IN THE HOUSE OF REPRESENTATIVES

Thursday, April 6, 2006

Mrs. CHRISTENSEN. Mr. Speaker, as Congress recognizes National Minority Health Month, I join my colleagues, Congressman WATT and Congressman JEFFERSON to increase awareness about the devastating effects of kidney disease on the African American community.

Both kidney failure and its precursor, Chronic Kidney Disease (CKD), disproportionately affect African Americans. Although only about 13 percent of the U.S. population, African Americans make up 32 percent of the patients treated for kidney failure. The American Heart Association reports that African Americans have a 4.2 times greater rate of kidney failure than white Americans. The Congressional Black Caucus is especially concerned about the growing prevalence of kidney disease because of this disproportionate impact.

Mr. Speaker, the leading causes of kidney disease are diabetes and high blood pressure, both of which also disproportionately affect African Americans. Diabetes occurs at twice the rate in the African American community than it does with Caucasians. High blood pressure affects 1 out of every 3 African American adults. According to the American Heart Association, the prevalence of hypertension in the African American community is among the highest in the world.

Mr. Speaker, African Americans are four times more likely to develop kidney failure than Caucasians. African Americans make up 12 percent of the population but account for 30 percent of people with kidney failure. Diabetes and high blood pressure account for about 70 percent of kidney failure in African Americans. A recent National Kidney Disease Education Program (NKDEP) survey of African Americans found that only 17 percent named kidney disease as a consequence of diabetes, and only 8 percent named it as a consequence of high blood pressure. African American males ages 22–44 are 20 times more likely to develop kidney failure due to high blood pressure than Caucasian males in the same age group. Forty-five percent of African American men with kidney failure received late referrals to nephrologists. In some cases people were not aware they had a problem until they needed dialysis.

We must continue our strong support of the efforts of the kidney care community to meet the needs of these patients. We must fund education programs to raise awareness of the disease within the African American community. We must ensure that Medicare treats those who care for patients with kidney disease the same way it treats all other groups

of providers—this means enacting an annual update mechanism to recognize inflation and other increases related to caring for these patients. Without equitable reimbursement, it will be difficult for the community to continue to meet the needs of the ever-growing patient population.

Supporting educational programs and high quality care not only improves quality of life for patients, but also reduces the cost to the overburdened Medicare program. Preventing kidney failure and improving care will result in substantial savings for the government. In addition, if treated early, individuals with kidney disease will experience an improved quality of life and be able to maintain more daily life activities, including keeping their jobs.

My colleagues and I applaud the efforts to increase awareness about this important issue and to show support for Americans living with kidney disease. We must act now to help Americans learn more about this deadly disease and how to prevent its development and progression to kidney failure.

TRIBUTE TO DR. RAY STOWERS' SERVICE TO MEDPAC

HON. JOHN SULLIVAN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 6, 2006

Mr. SULLIVAN. Mr. Speaker, I rise to pay tribute to a physician who has served my home State of Oklahoma and the Nation with distinction over the past 6 years. On April 20, 2006, Ray E. Stowers, D.O. will participate in his final meeting as a member of the Medicare Payment Advisory Commission (MedPAC).

For the past 6 years, Dr. Stowers represented the interest of Medicare beneficiaries, physicians, and hospitals as a member of this distinguished Federal body. Most notably, he represented the interest of rural America. During his years of service, MedPAC made recommendations on several difficult health policy issues, including advice on how to establish and implement a prescription drug benefit within the Medicare program.

Dr. Stowers spent over 25 years in a private, solo family practice clinic in northwest Oklahoma. At various times throughout his career, he was the only physician in the entire county. He provided care for the young and old alike. Many evenings were spent visiting the homes of those too ill to travel to his office.

Following his years in practice, Dr. Stowers accepted a position as the Director of Rural Health at the Oklahoma State University College of Osteopathic Medicine (OSU-COM) in Tulsa, OK. This position allowed him to share his experiences with medical students and residents, while designing training programs to prepare them for practice in rural and underserved areas. The Rural Health Center has

emerged as one of the premier rural training programs in the country and continues to provide a valuable service to the citizens of Oklahoma.

Throughout his career, he has served the citizens of Oklahoma and the Nation well. Before serving on MedPAC, he was a member of the Physician Payment Review Commission (PPRC) prior to the formation of MedPAC in 1997. Additionally, Dr. Stowers served 7 years on the American Medical Association's Relative Value Update Committee (RUC). He truly is one of the Nation's foremost experts on physician payment policies.

Many will never understand or appreciate the time and energy Dr. Stowers dedicated to his service on MedPAC. However, as a Member of Congress representing constituents impacted by the policies developed by MedPAC, I appreciate the professional and caring manner in which he went about his duties. Mr. Speaker, on behalf of my fellow Oklahomans I would like to thank Dr. Stowers for his service and wish him the best in his future endeavors.

TRIBUTE TO ARMY SERGEANT TROY JENKINS

HON. TERRY EVERETT

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 6, 2006

Mr. EVERETT. Mr. Speaker, I rise today to pay tribute to the service and the memory of Army Sergeant Troy Jenkins of Repton, Alabama in my congressional district. He lost his life in defense of freedom on April 24, 2003.

Sgt. Jenkins loved his country, serving in both the Marine Corps and the Army. He studied Arabic and trained to be a paratrooper. His service took him to Afghanistan and Iraq. As a member of the 101st Airborne Division, he was standing patrol in Baghdad when a cluster bomb exploded, taking his life.

Sgt. Jenkins was known at home and among his comrades for his bravery. He demonstrated it when he put his own life in harm's way to protect others from the cluster bomb. He was remembered by his fellow soldiers as a friend and a hero; all of America can be proud of his service and his dedication to duty.

I would also like to commend Sgt. Jenkins' mother, Connie Gibson, for her efforts to honor the bravery and service of her son and all others who have lost their lives defending our great country. She has reached out to local veterans and their families to bring our community together to pay tribute to those who have given the ultimate sacrifice for America.

On the third anniversary of the loss of Sgt. Jenkins, I send my condolences out to his family, including his wife, Amanda, and sons, Tristan and Brandon. The thoughts and prayers of America are with you.

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