

ratification, which is the process by which that Constitution can be amended.

In my lifetime, I never imagined I would be standing on the Senate floor having to say I believe in the traditional institution of marriage between a man and a woman. I just thought, of all the other issues we would be debating in this body, whether they are matters of war and peace, job creation, access to health care, education, all of the important issues that affect the people in this country, the last issue I ever thought we would have to address would be a redefinition of marriage, but I submit that is where we are.

Reluctantly, as many of us come to this discussion—and I think if one looks at the polls we have all followed in the news media in the last few weeks since this issue has been splashed across our TV screens, our newspapers, the Internet, and elsewhere, one sees that the American people are getting the sense that something has gone terribly wrong, that somehow their values and their traditions are being disrespected in a way that needs correction.

As more and more people find out about the way this came about, through a sort of—well, I would call it judicial lawlessness; in other words, judges who are not interpreting the law but who are taking it upon themselves to redefine what the Constitution means and indeed redefine this basic social unit in our civilization, I think they are going to be pretty upset and they are going to expect us to take up a discussion of this constitutional amendment in a reasonable, deliberate, civil sort of fashion.

I hope we can rise to that challenge. Indeed, if one looks at the vote in the Defense of Marriage Act, one sees there is an overwhelming bipartisan group in this body and in the other body who believe that the institution of marriage is a positive social good and worthy of preservation. I hope we will not be afraid to talk about it in a frank and open way, to listen to the concerns of those who maybe are not yet convinced, to take those into account and then, as a Senate, we can discharge our responsibility under article V of the Constitution to begin the process of allowing the American people to vote on the definition of marriage.

We know who is voting now and it is a handful of judges and municipal officials who are encouraging civil disobedience. They are issuing marriage licenses in violation of State law, for example, in California and elsewhere. Ultimately, if we are going to preserve something that I think is infinitely worthy of preservation—and that is government of the people, by the people and for the people—this is something we are going to have to do. This is a responsibility we are going to have to accept and we are going to have to risk the possibility that some may mischaracterize what we are trying to do as being disrespectful of other people. That is not what this is about.

I would condemn rhetoric or language which would appear to be disrespectful of other people, but that does not mean at the same time that I do not believe the institution of marriage is worthy of protection.

I look forward to the hearing we are going to have in the Constitution Subcommittee on March 3, I believe at 10 in the morning. I anticipate that perhaps later in the month, maybe the week after we come back from the March recess, we will have another hearing. Senator HATCH, the chairman of the Judiciary Committee, of course, reserves the right to make that final decision. At that time, we will begin to take up language, which we might then consider first in committee but then on this floor, that would preserve the definition of marriage for the American people and not allow ourselves to be dictated to by judges who are pursuing some other agenda, one that the overwhelming number of American people disagree with strenuously.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. TALENT. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING BLACK HISTORY MONTH: SUPPORTING THE SICKLE CELL TREATMENT ACT

Mr. TALENT. Mr. President, I rise today to honor Black History Month by supporting the Sickle Cell Treatment Act, which is S. 874, and inviting my colleagues to join me and my chief cosponsor, Senator SCHUMER, in doing the same. I am very pleased we now have over 40 bipartisan cosponsors in the Senate for this bill. We certainly would welcome more. I invite our colleagues to look carefully at this act and to support it. It is an important measure. It deals with a disease that afflicts many hundreds of thousands of Americans and a disease that really has not received enough attention and enough visibility in the last few years.

This bipartisan, bicameral legislation is designed to treat and find a comprehensive cure for sickle cell disease which is a genetic disease which primarily affects but not exclusively African Americans. About 1 in 300 newborn African-American infants is born with this disease, but the disease also affects people of Hispanic, Mediterranean, and Middle Eastern ancestry, as well as Caucasians.

More than 2.5 million Americans, mostly but again not exclusively African Americans, have the sickle cell trait, which is not the same as having the disease.

Why focus on sickle cell disease? Because it is the most common genetic disease that is screened in American

newborns. People with the disease have red blood cells that contain an abnormal type of hemoglobin. These cells have a sickle shape, hence the name of the disease, that makes it difficult for the cells to pass through small blood vessels or carry the appropriate amount of oxygen or nutrients or antibiotics, if that has been prescribed. The tissue that does not receive normal blood flow because of the disease eventually becomes damaged and can and often does cause potentially life-threatening complications.

Stroke in particular is the most feared complication for children with sickle cell disease. It may affect infants as young as 18 months. I have personally talked with a number of parents whose children have had strokes as toddlers. One of the difficulties with this disease is recognizing it—and I will talk about that in just a minute—recognizing its symptoms. Young children can have strokes without the parents even realizing it for some time.

While some patients live without symptoms for years, many others do not survive infancy or early childhood.

I became involved with this effort because of an African-American doctor from St. Louis, Dr. Michael DeBaun, who treats children with sickle cell disease. When you meet the practitioners who specialize in treating people who have this disease, you meet a series of American heroes. Dr. DeBaun is one of them. After meeting and visiting with him about a year ago, I realized the hardship this disease puts on families and especially on the children, who often have to receive blood transfusion after blood transfusion in order to avoid strokes. And, yes, in order to stay alive.

About one-third of children with sickle cell disease suffer a stroke before age 18. These children require frequent blood transfusions, sometimes 15 to 25 units of blood a year, to prevent subsequent strokes.

If you study the disease, you will also learn firsthand how it can affect the daily lives of children. I will just use one example, 9-year-old Isaac Cornell, whom I also had the privilege of meeting. He is one of Dr. DeBaun's patients and attends fourth grade at Gateway Elementary School in St. Louis. About four times a year, Isaac misses school because of severe episodes of pain, with each episode lasting about 5 to 7 days. Every 4 weeks Isaac has to go for a blood transfusion at St. Louis Children's Hospital where he's treated by Dr. DeBaun. Isaac has a permanent port installed in his upper chest to allow for the transfusions. That is one of the reasons he cannot play contact sports or join the wrestling team.

Sickle cell disease affects Isaac's decisions every day. He has to drink plenty of water to lubricate his cells, he has to be careful not to overexert himself—and that is certainly difficult for a 9-year-old boy—and he has to be careful to get plenty of rest. Because so

many patients like Isaac are struggling with this disease, in April of 2003, Senator SCHUMER and I introduced the Sickle Cell Treatment Act. Our friends, Representatives DANNY DAVIS and RICHARD BURR, introduced a companion bill, H.R. 1736, in the House, which now has 39 bipartisan cosponsors.

S. 874, which is the bill Senator SCHUMER and I introduced, has 41 bipartisan cosponsors as well as the support of dozens of prominent African-American children's and health advocates, as well as union and church groups including—I am going to read the list. This is not a complete list, but it includes the Congressional Black Caucus, the Sickle Cell Disease Association of America, the American Medical Association, the National Association of Children's Hospitals, the National Association of Community Health Centers, the NAACP, the Children's Defense Fund, the Health Care Leadership Council, United Food & Commercial Workers Union—Minority Coalition, the UFCW Faces of Our Children, United Church of Christ, and National Baptist U.S.A. These advocates, as well as the others who support this legislation, know the bill will make a difference in the lives of kids and families who are struggling with sickle cell disease.

I want to outline four key ways in which the bill makes a difference. First, it increases access to affordable, quality health care. The provision provides funding to currently eligible Medicaid recipients for physician and laboratory services targeted to sickle cell disease that are not currently reimbursed or are underreimbursed by Medicaid. Importantly, however, the bill does not increase the number of Medicaid eligibles and the Federal Medicaid match will stay the same. We have structured this bill so it is very affordable.

The bill also enhances services available to sickle cell disease patients. This is a crucial aspect of the bill. When you have this disease, you have to stay on top of it. You have to manage this disease. I mentioned Isaac Cornell before, how he drinks water and gets adequate rest and is careful not to overexert himself. You also have to know the various respects in which the symptoms of the disease can show up. This is a tricky, sneaky disease.

I was talking with another parent whose son was having considerable dental problems. This is something people with this disease struggle with, because when they get periodontal disease and some form of antibiotic is prescribed by their dentist, they can't be certain the red blood cells will carry the antibiotic to the infected point, so indeed any infections they have are particularly dangerous.

Obviously there is a whole medical side to this we have to be aware of, but in addition, people need to know about the disease. They need to receive counseling and education as well as screening, genetic counseling, community outreach. Education and other services

are crucial. Currently, those kinds of services are not reimbursed under Medicaid unless they are performed by the physicians such as Dr. DeBaun. Dr. DeBaun simply does not have the time, certainly not as much as he would want to spend, the hours and hours he would need to spend with each set of parents, with each patient, in order to go over all the various ways in which this disease can affect their lives.

So it is important that Medicaid reimburse these services, even if they are done by counselors or outreach personnel who are not physicians. They are perfectly appropriate and able to do it. The bill would allow nonmedical personnel such as counselors to spend time with sickle cell disease families to discuss how they can manage the disease. That, by the way, will end up saving the Government money because it will prevent strokes and other serious episodes that then Medicaid does appropriately reimburse.

The bill creates 40 sickle cell disease treatment centers. This provision of the bill authorizes the Department of Health and Human Services to distribute grants to up to 40 eligible community health centers nationwide for \$10 million for the next 5 fiscal years for a total of \$50 million. That is subject to appropriation. That could mean a health center grant in almost every State. Grant money may be used for purposes including the education, treatment, and continuity of care for sickle cell disease patients and for training health professionals.

Finally, the bill establishes a sickle cell disease research headquarters. This provision of the bill creates a national coordinating center, which also would be operated by the Department of Health and Human Services, to coordinate and oversee sickle cell disease funding and research conducted at hospitals, universities, and community-based organizations. This will help ensure efficiency so we can share information about the disease, accountability to make sure the taxpayers' dollars are being used well, and also help us get best practices and monitor outcomes for the disease so we can improve services to people who have it around the country.

I cannot overemphasize the outpouring of support Senator SCHUMER and I have received for this bill. I am sure if he were here he would relate the stories he has had. I have myself received personal handwritten letters from sickle cell disease patients who expressed their gratitude for this legislation and who asked what they can do to help pass the bill since they know how many families it will help.

For example, Allyce Renee Ford of Blue Springs, MO, wrote, and I will paraphrase: I was pleased to read of your bill to increase funding for treatment of sickle cell disease. My twin sons were born with sickle cell in 1973 and suffered from this debilitating disease all their lives. They both lost the battle to painful complications in 2002.

Please believe me, it is a painful life-constricting disease both for the victims and their families. Even though I do not have any other children to lose to the disease, I mourn for all the other parents who will lose their children in the future—today, tomorrow, someday they will lose them. Thank God there will be help for sickle cell disease victims—help not just in the form of additional funding—and the bill is very affordable—but help in the form of greater visibility, community support. This bill is lifting the profile of this disease which has remained in the corner for too long. The business exclusively in the past has been the business of those struggling and the small community helping them. We need to show these people that the country is with them.

In conclusion, it is critical to help this historically underserved population. Many of these people do not even know they carry the trait or they have the disease until consequences have been visited upon them that they could have lessened or mitigated in some respect had they had prior knowledge.

I ask my colleagues to join me and Senator SCHUMER to honor Black History Month by cosponsoring this Sickle Cell Disease Treatment Act. I cannot think of a better way to honor this month than to help all of the families, most of whom are African-American families, who are living and struggling with this disease.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

FAILURE TO PROCEED TO S. 2061

Mr. FRIST. Mr. President, I will be closing in a very few moments, but I want to express my disappointment in not being able to proceed to the bill. We have been on the motion to proceed the last 2 days to a bill that reflects a pressing problem, a crisis in many States. It has to do with a medical liability system that is having an impact now, not just on physicians paying for their insurance, but on the quality of care, access to care throughout the United States of America.

I do not believe the full impact of the medical malpractice malignancy is truly understood by the average American. Like a cancer, this malady is eating away at the experience of our medical system in critical areas such as obstetrics.

Dr. Sean White of Kingsport is a perfect example of what is happening. Dr. White moved to Tennessee in 2002 due to the outrageous increases in medical malpractice premiums in Pennsylvania. A staggering 7-physician group increase of \$210,000 forced a 30-year-old practice to utterly dissolve. Alone, Dr. White's medical malpractice premiums were estimated to increase by \$30,000 to \$110,000.

And this wasn't just any practice, but an OB-GYN group focusing principally on one of the most precious of