

According to the Centers for Disease Control and Prevention, "autism is a serious lifelong developmental disability characterized by impaired social interactions, an inability to communicate with others, and repetitive or restrictive behaviors." It is estimated that autism affects one out of every 500 children, although precise rates are unknown. There is also a general consensus that autism rates seem to be increasing, although it is not known whether these increases represent a better understanding of the developmental disability (i.e., better diagnosis), or an actual increase in developed cases of autism.

Under the Smith ASSURE legislation, CDC will uncover and monitor the prevalence of autism at a national level by establishing between three and five "Centers for Research in Autism Epidemiology" across the country. These centers would conduct population-based surveillance and epidemiologic studies of autism. Periodic screenings of the population (5- to 7-year-old children) would be undertaken to examine prenatal, perinatal, and postnatal factors that contribute to autism development.

These centers would combine data from multiple sites to gain a better understanding of how autism differs from other developmental disabilities and disorders. Because autism is suspected to be caused by a combination of both genetic and environmental factors, the ASSURE legislation would help CDC track the trends of autism and determine which factors are responsible for the apparent rise in autism cases nationwide. In short, the ASSURE legislation will build the research infrastructure critical to finding the cause or causes of autism. And once the cause or causes are identified, prevention strategies can be developed and a cure becomes more likely.

The collaborative efforts by CDC and state health departments will help scientists better understand which environmental exposures, if any, are most likely to cause children to develop autism in the womb. In addition, each center established under this legislation would tend to develop a certain niche of autism expertise. Such areas could include: specific genetic markers; early prenatal maternal drug and other exposures; and other autism spectrum disorders.

The story behind the creation of this legislation is in many ways illustrative of why we need to pass and enact the ASSURE act this year. For it was only after I had a meeting with a pair of courageous parents of autistic children in Brick Township that I realized the pressing need for better autism research.

Mr. and Mrs. William Gallagher, the parents of two beautiful children with autism, met with me to share their concerns that Brick Township seemed to have an abnormally high number of children diagnosed with autism. After presenting me with preliminary data suggesting that as many as 27 children may have been diagnosed with autism in Brick over the last decade, I relayed their concerns personally to Len Fishman, Commissioner of New Jersey's Department of Health and Senior Services (NJDHSS). I asked him to initiate a preliminary inquiry to determine if an autism "cluster" investigation was warranted.

Commissioner Fishman was very receptive to the concerns of the Brick parents, but after a few weeks of preliminary research by state officials, it became apparent that the current level of scientific knowledge in the United

States about autism was inadequate to the task at hand. Quite simply, no one knew for certain what the national rate of autism was supposed to look like, and therefore no one could tell parents whether the rate of autism in their town was at, above, or below the national average.

This news came as a surprise to me and to the parents of autistic children. Although there are rough estimates of autism rates from studies in foreign countries, CDC and the NJDHSS did not have enough information to determine if the alleged autism "cluster" in Brick was a real public health problem or an illusion of chance. And without knowing whether or not a problem exists, it makes it tough for public health officials to respond to a community's concerns because the cause of autism and how to prevent it remain shrouded in mystery. Mr. Speaker, the experience of Brick should serve as a wake-up call that more autism research is needed if the causes of the disorder and a cure are to be found anytime soon.

As a first step, an intensive effort by CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) is underway to try to derive national autism rates and to determine if an autism "cluster" exists in Brick. The study is one of the first of its kind ever undertaken in the United States, and the results of the investigation will prove invaluable for other communities that may be affected by similarly high numbers of autism cases.

But we need to take the second step and enact this legislation if we are going to generate real progress in the fight to eliminate autism. Mr. Speaker, CDC has already established a pilot program—an autism epidemiology center—near Atlanta, Georgia. The limited but promising results from this initiative points to the fact that current understanding of autism is woefully inadequate and that better surveillance and monitoring of developmental disabilities like autism are critical to providing answers and hope for the nearly 500,000 autistic persons in America.

SUMMARY OF AUTISM STATISTICS, SURVEILLANCE, RESEARCH, AND EPIDEMIOLOGY ACT OF 1999 (ASSURE)

\$7.5 million in authorization for the Centers for Disease Control and Prevention (CDC) to create the National Autism and Pervasive Developmental Disabilities Surveillance Program.

Authorizes CDC to create between three and five "Centers of Excellence in Autism," which would: (1) monitor the prevalence of autism at the national level, (2) assist in development of state autism surveillance programs, (3) provide education and training for health professionals to improve treatment of autism, and (4) develop center-specific expertise in one or more areas of autism research.

Establishes CDC as the nation's clearinghouse for autism research and policy development.

Establishes an advisory committee and authorizes annual reports to Congress on the state of autism research.

ARLINGTON NATIONAL CEMETERY
BURIAL ELIGIBILITY ACT

HON. LANE EVANS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. EVANS. Mr. Speaker, I am proud to join today with the gentleman from Arizona, the

Chairman of the Veterans' Affairs Committee, to introduce the Arlington National Cemetery Burial Eligibility Act. This important legislation is deserving of the strong support of each Member and I am hopeful this measure will receive prompt attention and consideration early in the 106th Congress.

The measure which Chairman STUMP and I are introducing today is similar to legislation approved by the House last year. This measure, like the legislation approved by the House during the 105th Congress, establishes eligibility rules for burial at Arlington National Cemetery—one of our Nation's most hallowed sites.

As noted by the General Accounting Office, the eligibility requirements for burial at Arlington National Cemetery need clarification and the act introduced today provides that clarification. In particular, this important legislation is intended to eliminate the inconsistency in the granting of waivers for burial at Arlington National Cemetery which has occurred in the past.

As both a Marine and a member of the Committee on Veterans' Affairs, I know that Arlington National Cemetery is truly sacred ground, especially for our Nation's veterans and their loved ones. Like many others, I was extremely concerned by reports, later shown to be totally without any substantiation, that waivers for burial at Arlington National Cemetery had been granted in exchange for major political contributions.

While an expedited examination of this allegation by the General Accounting Office found "no evidence" of waivers for contributions, it did highlight some of the serious flaws in the existing process for burials at Arlington National Cemetery.

The Arlington National Cemetery Burial Eligibility Act which Chairman STUMP and I are introducing today addresses those concerns by removing most of the discretion, ambiguity and guesswork for eligibility for burials at Arlington National Cemetery. This legislation will also make it easier for the public to understand the requirements for burial at Arlington National Cemetery.

I commend the gentleman from Arizona, Chairman STUMP, for his strong and effective leadership and his stalwart efforts to establish, in law, eligibility for burial at Arlington National Cemetery. I invite all of my colleagues to support and cosponsor this most important legislation.

TRIBUTE TO AHMED SAMAWI

HON. ROB PORTMAN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. PORTMAN. Mr. Speaker, on October 19, 1998, the Greater Cincinnati religious community lost one of its finest leaders. Ahmed Samawi, a friend and a man who treasured his faith and the freedom to worship without consequence, passed away at the age of 65. A devoted family man and successful businessman, he will perhaps be best remembered for his vision of better understanding and closer relations between the Christian, Islamic, and Jewish communities.

Born in Damascus, Syria, Mr. Samawi realized that simple misunderstandings could create problems among people of different religions. His dream was to build an Islamic Center in the Cincinnati area to help bring an end to those misunderstandings. He spent his own resources and the last years of his life working towards that goal. His dream became a reality in 1995. What began as a plan for a modest meeting place blossomed into a glorious building. However, it was not the building for which he will be remembered for, but rather his vision for a better understanding of the Islamic religion.

One of the Center's missions, in addition to providing a place of worship for Muslims in the Cincinnati area, is to reach out to area Christians and Jews. Mr. Samawi felt that the Islamic faith was plagued by misunderstanding. He spent a great deal of his life trying to remove the barriers of misunderstanding so that all faithful people could live together. When he passed away, he was working toward expanding the Center to include a museum, library, and school. He wanted to create a place that Muslims would be proud of, and Christians and Jews would be comfortable exploring.

Mr. Samawi has inspired us all with his vision for a more spiritually united Greater Cincinnati. He will be missed by the entire religious community.

CONGRESSIONAL AND EXECUTIVE BENEFITS MUST BE CONTROLLED

HON. HOWARD COBLE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. COBLE. Mr. Speaker, when I first came to Congress in 1985, I took to the well of the House to protest members' perks. In particular, I cited the congressional pension plan and the federal employees Thrift Savings Plan as "overly generous at best, outrageously extravagant at worst." Although I've been waging this battle for fourteen years, no action has been taken to date to reduce either benefit.

So, once again, I am introducing a package of bills designed to relieve beleaguered taxpayers from footing the bill for certain congressional and executive branch benefits.

The first bill eliminates the congressional pension for members who are not yet vested. I do not believe extravagant retirement benefits are necessary to entice qualified Americans to run for Congress. They are costly and excessive.

The second bill revises former presidents' benefits. I am proposing to end Secret Service protection for future former presidents after one year; their spouses and minor children will no longer be entitled to Secret Service protection after Inauguration Day. We estimate this will save \$15 million per year once it is implemented.

The bill also changes the law prospectively to prevent presidents from double- or tripling from the federal government. Specifically, it requires a former president to waive the right to each other annuity or pension to which he (or she) is entitled under any other Act of Congress (that is, any other federal pension which he earned), in order to receive the presidential pension. The value of the presidential pension is equal to the annual

rate of basic pay for cabinet-level officials. As of January 1, 1999, that figure is \$151,800.

Finally, the bill will deny a presidential pension until a former president reaches the prevailing retirement age under Social Security.

Here is an example of the costs the taxpayers face following President Clinton's service. President Clinton will be in his mid-fifties at the end of his second term. Since his presidential pension kicks in immediately upon his leaving office on Inauguration Day, he could draw over two-and-one-quarter million dollars in pension benefits before he reaches retirement age.

Please don't misunderstand me. I hope that all current, former and future presidents lead long and fruitful lives upon leaving office. However, the vast majority of Americans struggle to make ends meet, and often are unable to save for their own retirement. Nevertheless, they are forced to contribute to the retirement packages of former presidents and members of Congress.

Over the years, my constituents have shared with me their outrage over the lavishness and cost of these benefits. I believe elected officials need to make real sacrifices if we hope to gain the support of the American people for shared sacrifice to keep our country on the path to fiscal prosperity.

I believe these bills represent bold and dramatic proposals. That is why I hope my colleagues will join me in pushing this legislation to passage.

TERM LIMITS WITH THREE 4-YEAR TERMS

HON. BILL MCCOLLUM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. MCCOLLUM. Mr. Speaker, today, I am introducing a proposed amendment to the Constitution that will not only limit the number of terms a Member of Congress may serve. This proposal would extend the length of a single term in the House from 2 to 4 years. Senators would remain in 6-year terms.

The arguments for term limits are well-known. The Founding Fathers could not have envisioned today's government, with year-round sessions and careers in Congress. Term limits would eliminate the careerism that permeates this institution, enticing Members to work toward extending their careers—a goal sometimes at odds with the common good. There are simply too many competing interests groups.

However, my proposal takes the essence of term limits to limit the influence of careerism and the incessant campaigning it requires, by increasing the length of a term in the House of Representatives. Currently, each Member of the House serves 2-year terms. That means that after each election, a House incumbent must begin campaigning again almost immediately. This dangerous cycle almost never stops. A 4-year term would mitigate this to a certain degree. Looking at it another way, a person would have to run only three times to serve the maximum number of years. That is certainly an improvement, especially when tied to term limits.

Mr. Speaker, it is important to note that a 4-year term will not eliminate the House of Rep-

resentatives' function as the people's House. Today's technology almost instantly allows people in Washington, DC to know how the people they represent in their district feel about issues of the day. No longer must Representatives periodically make the trek home to put themselves back in touch with the local wants and needs. Now we fly home on weekends, read our local papers in DC, receive countless polls and tune in to the news.

In the end, Mr. Speaker, there will be no loss of service by lengthening the term of office while limiting them. Indeed, it will improve as more attention is paid to legislating instead of campaigning. This is a complete reform package deserving of our attention.

MEDICAL CLINICAL TRIAL LEGISLATION

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. BENTSEN. Mr. Speaker, I rise today to introduce legislation, the Medicare Clinical Trial Coverage Act of 1999, that would provide Medicare coverage for patient costs related to participation in clinical trials. Clinical trials are research studies that test new medications and therapies in clinical settings and are often the only treatment available for people with life-threatening diseases such as cancer, AIDS, heart disease, and Alzheimers.

As the representative for the Texas Medical Center, where many of these life-saving trials are being conducted, I believe there is a real need for this legislation to guarantee that patients can receive the cutting-edge treatment they need. I believe we must ensure that Medicare beneficiaries can obtain the best available treatment for their illnesses. Without this guarantee, patients must work aggressively to make sure that they receive the care they need. We must end this uncertainty and guarantee the best available care for all Medicare patients.

I have been contacted by many researchers at the Texas Medical Center, including the University of Texas MD Anderson Cancer Center, University of Texas Health Science Center, Baylor College of Medicine, and the Children's Nutrition Research Center, about the need for this legislation. These researchers are conducting clinical trials to test new medical therapies and devices such as gene therapy, bone marrow transplantations, and targeted antibody therapy that will lead to better medical care and save lives.

Although there may be costs associated with more access to clinical trials, I believe that we should ensure access to clinical trials as a means to ensure quality health care services. I also believe that this Medicare reimbursement policy would encourage other health plans to cover these routine costs.

It is also important to note that providing Medicare coverage for clinical trials will increase participation in such trials and lead to faster development of therapies for those in need. It often takes three to five years to enroll enough participants in a cancer clinical trial to make the results legitimate and statistically meaningful. In addition, less than three percent of cancer patients, half of whom are over 65, currently participate in clinical trials.