

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. ADERHOLT). All time has expired.

Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Kansas (Mr. MOORE).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. MOORE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later today or tomorrow.

RECOGNIZING THE IMPORTANCE OF INCREASING AWARENESS OF AUTISM

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 605) recognizing the importance of increasing awareness of autism, supporting programs for increased research and improved treatment of autism, improving training and support for individuals with autism and those who care for individuals with autism, and for other purposes, as amended.

The Clerk read as follows:

H. RES. 605

Whereas the Autism Society of America, Cure Autism Now, the National Alliance for Autism Research, Unlocking Autism, and numerous other organizations commemorate April of each year as "National Autism Awareness Month";

Whereas autism is a developmental disorder that is typically diagnosed during the first three years of life, robbing individuals of their ability to communicate and interact with others;

Whereas autism affects an estimated 1 of every 166 children in the United States;

Whereas autism is four times more likely to be found in boys than in girls and can affect anyone, regardless of race, ethnicity, or other factors;

Whereas the cost of specialized treatment in a developmental center for individuals with autism is approximately \$80,000 per individual per year;

Whereas the cost of special education programs for school-aged children with autism is often more than \$30,000 per child per year;

Whereas the total cost nationally of caring for individuals with autism is estimated at more than \$90,000,000,000 per year; and

Whereas despite the fact that autism is one of the most common developmental disorders, many professionals in the medical and educational fields are still unaware of the best methods to diagnose and treat the disorder: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of "National Autism Awareness Month";

(2) recognizes and commends the parents and relatives of children with autism for their sacrifice and dedication in providing for the special needs of children with autism and for absorbing significant financial costs for specialized education and support services;

(3) supports aggressive research to determine the causes of autism, identify the best methods of early intervention and treatment, expand programs for individuals with autism across their lifespan, and promote understanding of the special needs of individuals with autism;

(4) commends the Department of Health and Human Services for implementing programs to study the epidemiology of autism and related disorders and advancing autism research at the Centers for Disease Control and Prevention and the National Institutes of Health;

(5) stresses the need to begin early intervention services soon after an individual has been diagnosed with autism, noting that early intervention strategies are the primary therapeutic options for individuals with autism and early intervention significantly improves outcomes for individuals with autism and can reduce the level of funding and services needed later in life;

(6) supports the Federal Government's commitment to provide States with part of the costs needed to educate children with disabilities under part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.);

(7) encourages more Americans to pursue the teaching profession and to be trained with the skills necessary to teach, assist, and respond to special needs students, including those students with autism; and

(8) recognizes the importance of worker training programs that meet the needs of developmentally disabled individuals, including those individuals with autism, and notes that people with autism can be, and are, productive members of the workforce if they are given appropriate support, training, and early intervention services.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material on the resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H. Res. 605, a resolution that recognizes the importance of increasing awareness of autism, supporting programs for increased research and im-

proved treatment of autism, and improving training and support for individuals with autism and those who care for individuals with autism.

Autism is a developmental disability that usually appears, unfortunately, in very young children. We all have friends who are experiencing the tragedy, and God knows it is a tragedy, of having a child diagnosed that is autistic. What that does to a family we can only try to imagine. The least that we can do is to encourage more research and awareness and education among all families.

The disease impacts the normal development of the brain that controls social interaction and communication skills. Autism is four times more prevalent in boys and knows no racial, ethnic, or social boundaries.

More than 500,000 people in the United States today have some form of autism, making it the third most common developmental disability. Many people are surprised to learn that autism is more common than Downs Syndrome.

While we are finding better ways to understand and work with autistic individuals, the disease is still greatly misunderstood. The majority of individuals, including health care professionals, are still unaware of how autism affects people and how to effectively work with the individuals with the disease.

However, some progress has been made. A few years ago, most people with autism were eventually placed in institutions. Today, even the most severely autistic disabled can be taught skills to assist their development due to the development of individualized services and programs.

We are all extremely concerned about this disease. This resolution stresses that early diagnosis and treatment are essential to ensuring a better quality of life for individuals with autism. However, early diagnosis and treatment can only occur with increased awareness, and that is much of what we try to do with this resolution; and that is why, Mr. Speaker, I urge all of my colleagues to support this good bipartisan legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 3 minutes.

I want to thank the gentleman from Massachusetts (Mr. TIERNEY) for his leadership on this critical and growing health problem, and I would like to thank my friend from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health, for his good work on this issue and on many others.

One of the more eye-opening meetings I have had in my 12 years in Congress was with the family of an autistic child. The first time I did that, it was sobering to listen to the mother and father talk about their son's diagnosis of autism, a disease about which the causes are disagreed and generally unknown. It is sobering to learn what

these caring parents deal with every working hour of every day, trying to carve out as normal a life as possible for their son, trying to break through emotional barriers, intellectual barriers, barriers they do not fully understand, barriers that no one really fully understands.

It is sobering to learn the steps that these parents take to improve their son's development: consulting with the developmental pediatrician; a child psychiatrist; a clinical psychologist and occupational psychologist and therapist; a physical therapist; a speech and language therapist; as well as often a social worker, if they have the wherewithal to be able to get the best they can for their son.

□ 1545

This family could. Many families in our health care system that does not cover many people so well do not. It is heartbreaking to know these parents get no help from health insurers, forcing them to spend thousands of dollars each year towards treatment that may improve their son's development or may not improve their son's development.

My home State of Ohio's families of autistic children have a tremendous resource in the Cleveland Clinic Center for Autism. This unique center provides specially designed services and support to children with autism, or while fostering research on autism, to gain a better understanding of its causes and its effective treatments.

But families throughout my State and throughout the Nation deserve similar support. The resolution we are considering today brings us closer to achieving that. The resolution raises awareness about the unique needs of autistic children through a number of avenues, a few of which I want to mention. Perhaps most importantly, the resolution recognizes the dedication of the parents and families of autistic children.

To the countless families in Ohio and around the country who care for autistic children, you demonstrate every day what it means to be outstanding parents.

The resolution also recognizes the important work the Centers for Disease Control in Atlanta does in studying the trends of autism throughout the country. It supports the critical need for early intervention in caring for an autistic child and the need to train teachers in addressing the needs of a growing population of autistic children in our schools.

The resolution supports Federal research into causes and treatments of autism at the National Institutes of Health. If this Congress is serious about the causes that we articulate so well in this resolution, we will be equally serious about providing adequate funding for the National Institutes of Health and the Centers For Disease Control, something the Republican majority continues to fall short

on because they want to do our tax cuts and choose to give tax breaks to millionaires instead of funding these public health programs that are essential to the well-being of families of children with autism and so many others rich and poor in this country alike.

Mr. Speaker, I urge my colleagues to support the resolution, and I thank the gentleman from Massachusetts (Mr. TIERNEY), the gentleman from Florida (Mr. BILIRAKIS), and the gentleman from Indiana (Mr. BURTON) for their work on this issue.

Mr. BILIRAKIS. Mr. Speaker, I yield 3 minutes to the gentleman from Nebraska (Mr. TERRY), a member of the Committee on Energy and Commerce.

Mr. TERRY. Mr. Speaker, I rise in strong support of H.R. 605. Frankly, I think there are probably many of us here who have personal testimonials. Everyone in Congress probably has friends who have a child who is autistic.

If one were to see Jacob Nolan Hirschfeld on the baseball diamond today, you might be impressed with his skills in playing our national pastime. Since his middle name was inspired by the great pitcher Nolan Ryan, you might also think his success on the field was destined. But Jacob's ability to play baseball and do everyday such things, such as attending school and playing with friends, was never guaranteed. Jacob Hirschfeld has been diagnosed with autism. He struggles with many of the issues common among the autistic. At 4 years of age, he could only speak in one syllable words. He was scared of loud noises and bright lights. He had many of the compulsions that are common with these children and was fearful of most people outside of his immediate family.

Jacob's father, Mark Hirschfeld, a friend of mine, has said "our family was literally a prisoner to autism." Jacob's diagnosis was devastating to his parents, but even more difficult was the fact that physicians, educators, and other professionals had little understanding of this complex disorder and what could be done to help children like Jacob. Stereotypes abounded. One physician told the Hirschfeld's that Jacob had no better chance than 1 in 10 of living outside of an institution. Jacob's mother, Nancy, recalls that one preschool initially turned away her son because of their fears of autism, but once they began to see Jacob as a person who had unique gifts as well as challenges, they accepted him.

Thankfully, the Hirschfeld family persevered and sought services to help their son. Their search led them to engage in intensive, early intervention therapy called Applied Behavior Analysis, or ABA, which has helped them dramatically. Early intervention has also made a difference in the lives of Patrick and Jean McDermott, with their son, Grant, who was diagnosed with autism when he was 22 months old.

Grant's mother Jean said, "It was devastating to hear the words 'diag-

nosis of autism' as parents of this beautiful child. My husband and I wondered what his future would hold. After the initial shock, we started researching what we could do to give him a brighter future." The McDermott's also chose the ADA early intervention therapy. Therapists worked with Grant about 35 hours a week teaching him basic and then more advanced skills. He is now a regular in school with no aides, and will be going to kindergarten this fall. His future is looking bright and the McDermott's believe he will have a full life, but it will always be a challenge having an autistic son until a cure can be found.

Autism now affects 1 out of every 166 children in the United States. Boys are 4 times more likely to have autism than girls. This developmental disorder robs individuals of their ability to communicate and interact with others. These are just some of the reasons why it is so necessary we get the word out about autism and support this resolution.

Mr. BROWN of Ohio. Mr. Speaker, I yield 5 minutes to the gentleman from Massachusetts (Mr. TIERNEY).

Mr. TIERNEY. Mr. Speaker, I thank the gentleman from Ohio, and all of the other Members who are speaking on and cosponsored this resolution.

As the gentleman from Nebraska (Mr. TERRY) indicated, there is story after story that we could talk about the particular circumstances of a family and how their family is impacted by autism. Autism is a brain disorder that typically effects an individual's social interaction and communication. There are, as the gentleman from Nebraska (Mr. TERRY) said, 1.5 million Americans today who are affected by autism spectrum disorder. This is not just one typical set of circumstances, but a whole spectrum of circumstances and consequences suffered by individuals and families.

Experts do not concur on the exact number of cases of autism spectrum disorder, but they agree autism is one of the fastest growing developmental disabilities in the United States. Spectrum disorders are considered the second most common developmental disorder that American children face today. And even so, many professionals, whether they are in the medical profession or the educational fields, are still unaware of best methods to diagnose or treat this particular disorder.

What we do know is that once a diagnosis is made, initiating early intervention services significantly improves the people with autism and can reduce the level of funding and services needed later in life. Ten years ago, the Center for Disease Control estimated that 1 in every 10,000 children were affected by autism. More recently, the number was refined to 1 in every 250. This year the CDC estimated that the occurrence of autism is closer to 1 in 166. We sent it back to CDC when we first got that number because we were astounded it

would be that high, but on reflection and review of their numbers, they said it was closer to 1 in 166.

Mr. Speaker, we have to commend families and parents and relatives of children with autism for their sacrifice and dedication in providing for those special needs. I have seen situations where parents are dealing 24 hours a day, 7 days a week, with a child with extreme autism.

In the subcommittee, so ably chaired by the gentleman from Indiana (Mr. BURTON), we have seen films of children with extreme autism. Some Members saw, for the first time, just how difficult it is to deal with autism and its consequences.

My niece teaches special education in the State of Massachusetts. There are other teachers who talk to me regularly about the special needs and circumstances of children in their classes, and tell me every year the number of children with autism in their classes seems to grow.

Autism does not discriminate by race or ethnicity, but it is four times more prevalent in males than females; and an estimated 50 children are diagnosed with autism every day. There is no known cure for autism, so it is imperative to learn why autism is reaching epidemic proportions across this country.

Children do not follow any typical pattern of child development. For some, hints of future problems appear at birth, in others it becomes more noticeable as children slip behind children of their own age. The condition can be improved through behavioral and well-structured educational programs in some instances. Educational service programs are offered by the number of organizations.

In my district, we are fortunate to have the North Shore ARC. We also have other programs of the May Foundation, May Center and Institute and the Shriver Center in Massachusetts. They deal with programs developed for children with autism spectrum disorder, providing a broad scope of services, support, advocacy, information, and referrals that are responsive to the needs of children with that disorder. It is thanks to their continuing efforts that some families are getting relief and support.

But Congress has to recognize the significant financial costs for the specialized education and support services. According to the Centers For Disease Control, the cost of specialized treatment in a developmental center for people with autism is approximately \$80,000 per individual per year. And the cost of special education programs for school-aged children with autism is often more than \$30,000 per individual per year. The cost nationally of caring for persons affected by autism is estimated at more than \$90 million a year. With these numbers in mind, Congress should fulfill the 30-year-old Federal commitment to provide States with part of the costs needed for education

of children with disabilities under the Individuals With Disabilities Education Act.

We can go further by making sure that the Centers For Disease Control and the National Institutes of Health have enough funding to find out the cause of this particular disease, to find how we might detect it earlier, treat it and prevent it.

Again, I commend and thank all of my colleagues for cosponsoring this resolution, for their hard work in making sure that we do the Federal share in finding some solutions.

□ 1600

Mr. BILIRAKIS. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. BURTON), who, along with the gentleman from Massachusetts (Mr. TIERNEY), is the author of this legislation.

Mr. BURTON of Indiana. Mr. Speaker, I want to thank the gentleman from Massachusetts for introducing this bill. He is a good buddy on the committee. I appreciate his concern over this issue.

My grandson became autistic 2 days after he received nine shots in one day, seven of which contained a substance called thimerosal, which is 50 percent mercury. We have gone from one in 10,000 children in this country that are autistic to now there is one in 166. As the gentleman from Massachusetts just said, it is four times more prevalent in boys than it is in young girls.

There are probably many causes of autism, but one of the causes of autism according to scientists and doctors that we have had before my committee from around the world is having the substance of mercury injected into children's bodies at a very, very young age. Mercury, we know, is a very toxic substance. It is one where if you have it spilled on the ground, they will evacuate the room until they get it cleaned up. Yet in most childhood vaccinations up until just recently, they had a substance in there called thimerosal which is a preservative, and it was 50 percent ethyl mercury. Children get as many as 30 shots before they start to grade school and mercury has a cumulative effect in the brain. It is no wonder in my opinion that we now have one in 166 children that are autistic where it used to be one in 10,000 just about 10 or 15 years ago.

We have to get mercury, as one of the causes of autism, out of all vaccinations for children. We have gotten it out of all of them but three, but we still have some of those vaccinations that are on the shelves that are being used by doctors that continue to use these vaccinations that have mercury in them.

I would just like to say to the CDC and the FDA today, we ought to get all those things off the shelves, all those vaccinations off the shelves that contain mercury so we can protect our children; and the three vaccinations that still contain ethyl mercury in the form of thimerosal, we need to get

those changed as quickly as possible and go to single-shot vials that do not require these preservatives.

I also want to say to my colleagues that are concerned not only about children but about adults, many, many of the adult vaccinations like the flu vaccine that we get every year to protect this population against the ravages of flu contain thimerosal or mercury. It should not be in any vaccination that human beings are getting. Mercury is toxic to the human body, and it should be taken away and should be eliminated. Our soldiers in the Persian Gulf, in Iraq, get as many as 11 shots in one day. Many of those shots contain thimerosal, which is 50 percent mercury. We need to get it out of there.

In addition to that, as this resolution states very clearly, and I thank the gentleman from Massachusetts for this, we need more research to find out all of the causes of autism so that the children that are coming into the world today are going to be protected in the years to come. The cost to the taxpayers, to this country, is huge. They estimate that there is \$90 billion in costs right now when you add up everything as far as the damages to the human beings in this country that are becoming autistic.

We have got a huge problem now, but down the road, these people are not going to die; they are going to grow old and live long lives. Somebody is going to have to take care of those who cannot take care of themselves. We need to find a cure for autism, and we need to get mercury out of all vaccines.

Mr. BILIRAKIS. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Ms. ROS-LEHTINEN).

Ms. ROS-LEHTINEN. Mr. Speaker, I thank the gentleman for yielding me this time, and I congratulate the gentleman from Massachusetts for this very important resolution that, as has been pointed out, does several things. It recognizes the importance of increasing awareness of this affliction, autism. It supports programs for increased research and improved treatment of autism. It improves training and support for individuals with autism.

But one of the causes that I believe is one of the most important ones is that it recognizes and commends the parents and relatives of children with autism for their sacrifice and dedication in providing for the special needs of children with autism and for absorbing significant financial costs for specialized education and support services.

As has been pointed out before, each one of us could probably be here on the floor with a personal story about how we know someone who has autism, a family that has been affected by this disease, this affliction; and I am no exception to that. My best friends, Charles Flick and Patience Plumer Flick, have three children, two of whom have autism. Bonnie, a teenager, is able to communicate both verbally and in written form. She is able to do

simple arithmetic. She is probably in the higher level of high-functioning autism disorder. However, her young brother, Willis, is not able to communicate, is not aware of his surroundings, makes no connection to those around him in a very direct way, nor is he able to communicate in any way, shape or form except for grunts and pointing at simple pictures.

It has been a great experience for the family, a great challenge, to have them deal with the special needs of these two children. It presents a special challenge as well to their oldest child, Penny Flick, who is a graduating senior from high school this year.

Autism affects not just the children, those individuals with autism; it affects and it impacts the entire family. It has been a blessing, I believe, for the Flick family to have children with autism because it has made them more aware of God's many blessings upon them and makes them cherish life all the more. I think that this clause in this resolution of the gentleman from Massachusetts is very poignant because it recognizes and commends the parents and the relatives of children with autism because they deserve a very special place in our society and in our community. Caregivers of people with special needs so often do not go noticed and are not given the attention that they deserve. It takes a special heart and a special family to cope with the daily challenges that autism gives to the families.

I commend the gentleman from Massachusetts for this resolution, and I congratulate the Flick family and everyone involved with Bonnie and Willis for their great care.

Mr. BILIRAKIS. Mr. Speaker, I yield 3¼ minutes to the gentleman from Pittsburgh, Pennsylvania (Mr. MURPHY) where I grew up.

Mr. MURPHY. Mr. Speaker, when I years ago worked as a psychologist at one of the hospitals in Pittsburgh, I was examining a newborn baby. As part of examining this baby, I looked to see how this baby responded to sounds and sights. Your average newborn baby when you have a light or something in the baby's eyes will turn toward it. If you hold the baby in front of you and the baby looks you in the eye, you can turn your head and that baby's eyes will turn with you.

There was one particular child that I remember holding and looking at. Every time I tried to get the baby's eyes to look at me, this infant would turn away and get distressed. Yet if I held an object or something before the baby, the baby would look. I made a note of that somewhere in my own charts. It was interesting that a few years later when this same child entered my office at age 3, the parents noted that this child did not seem to have emotional reactions to people, did not seem to respond to playing the same way other children do, did not seem to use words the same way. It was almost as if he could neither love nor

be loved. This child was an autistic child whom we identified early on as having some of those symptoms.

Autism is a biologically based, neurodevelopmental disease that causes severe impairments in their language, in their social interactions, as if there was this wall around them that they can neither love nor be loved. These are not children who are mentally retarded. Although some children may have other developmental delays, there are other children with autism who are very bright and high functioning. These are children who really tear at the hearts of families because they have so many troubles with them. In fact, it is impossible to really describe the tremendous burden that families have in raising an autistic child. They seem unreachable. They cannot interact with their parents. They cannot interact with their siblings in a loving way. The pain these families feel is indescribable. The enormous strain that these special children place on families cannot be quantified with numbers. The emotional chasm between the child and parents and loved ones oftentimes leads to unusually high divorce rates at a whole other level.

Sadly, existing treatments are expensive and less than optimally effective. There are behavioral treatments that help some children, but these treatments are far from a cure. I remember when I started practicing, we would learn patterns and strategies to work with autistic children only to find a few years later someone else said, that does not work, it was just another person's theory.

But there is hope. Thanks to new medical technology such as the decoding of the human genome, cures are achievable for children born with autism today. New biomedical treatments, such as secretin and immunotherapy, are providing hope that autistic children will not be condemned to live out their lives in emotional isolation. But these treatments can only be developed if biomedical research is funded, if behavioral research is funded, if social research to help the families is funded, if language therapy is funded.

Currently, autism research is providing remarkable advances, but there is still a great deal to be done and cures to be found. But for children like those I described, we are far from a cure. We need to learn, to teach, to help these children and help these families be able to speak the language of the heart that every parent would love to have with their child. As I said, we are far from a cure because we are so far, so far from knowing a cause.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I want to commend the author of this resolution, my friend from Massachusetts, the ranking member and the chairman for bringing it forward. I

went through 4 years of medical school residency, internship, and never saw a case of autism. I came from a large family on both sides, my mother and father, and never saw a case of autism.

I was quite surprised when a physician friend of mine told me about 5 years ago, 6 years ago now, that his son had been diagnosed with autism. Then I discovered that Dan Marino had a son with autism; Doug Flutie, whose parents live in my district, had a son with autism. Then all I can say is the more I started looking into this, the more and more concerned I began to become. A disease that was virtually unheard of, estimated at one in 10,000. I met with people in California. They were coming up with estimates of one in 500, one in 600. I met with the CDC. I asked them what was going on. There was some controversy at the time 4 or 5 years ago because the diagnostic tools, the diagnostic and statistical manual had been changed such that maybe we were diagnosing more of it, but the incidence was not really up. Anyway, the CDC to its credit did the necessary research and concluded that the incidence of this disease had skyrocketed from being a rare, unheard of condition to one in 166, predominantly affecting boys.

What has been particularly concerning to me is reports that I was receiving. Unlike the description that the gentleman from Pennsylvania was offering of a child in the nursery, the baby that you take home that has autism that just never seemed right, we were getting more and more of these reports where my baby was speaking and now is no longer speaking, my baby was reacting and looking at me and is no longer reacting and looking at me. This is a very, very serious crisis. I think the previous speakers have been very eloquent in pointing out the huge costs to our society. I am very glad they brought this forward because it brings public attention to this issue, and it brings the attention of this body to this issue.

One of the main reasons why we need to try to address this and we need to move aggressively on this is that we have been battling Parkinson's disease and breast cancer and all of these terrible conditions for years and years, and we have a pretty good idea of what causes them. It is very hard to address the cause. We do not even know what causes this disease in these kids. We may discover that this condition is totally avoidable. We may discover that it is reversible. I am very pleased that the gentleman from Massachusetts put some language in there on early intervention services as children are diagnosed because what I am now hearing more and more is parents are saying, I got my kid in therapy or we did this or we did that and he is doing much, much better.

□ 1615

And previously, the attitude was there is nothing one can do for them

and it is basically almost like a terminal situation. Just institutionalization is all that can be done. And now, lo and behold, we are finding with early intervention these kids can become much more manageable. They can be taught. They can develop learning skills, reading, writing. So it is a much more positive outlook.

Regarding the issue that the gentleman from Indiana (Mr. BURTON) was bringing up about mercury in the vaccines, the implication there, I think the science is not really in on this. It is really inconclusive, but minimally what I think we need to do is what the gentlewoman from New York (Mrs. MALONEY) and myself are recommending, and that is get the mercury out of all the childhood vaccines. It is a toxic substance, and whether it is implicated or not in the autism, I think there is evidence to suggest it may be, that minimally we should not take any chances with little kids. We should not be exposing them unnecessarily to mercury. And therefore pass our legislation to get the mercury out.

Again, I congratulate the gentleman from Massachusetts on this. We need more research. And let me just close by saying NIH and CDC have significantly increased their funding. They have been responding. I think NIH funding for autism research is up four-fold in the last 6 years, and the Secretary and the folks at NIH need to be commended for that, and I certainly commend them. But we need to do more because we may discover ultimately in the end this is a preventable condition and that we can allow thousands of children the opportunity to escape ever being affected by the disease in the first place, and we obviously need to do more in terms of treating the kids that have it. I thank the chairman for yielding me the time.

Mr. BILIRAKIS. Mr. Speaker, I am very happy to have heard the gentleman's remarks. I know we all are.

Mr. MATHESON. Mr. Speaker, I am pleased to join my colleagues this afternoon speaking in favor of H. Res. 605. H. Res. 605 is an important step to raise national awareness about autism by designating the month of April as National Autism Month. In addition, H. Res. 605 recognizes the prevalence of autism, the need to support programs for research and treatment of autism, and the importance of improving training and support for individuals with autism and their caregivers.

Autism is a debilitating developmental disability affecting the ability of individuals to communicate and interact with others. It is estimated that 1 of every 166 children in the United States has an autism spectrum disorder. In my home state of Utah, it is estimated that 4 in every 10,000 children have autism spectrum disorders.

However, statistics on the prevalence of autism can be difficult to obtain. Registries are relatively new and voluntary, hindering the collection of this data. But, efforts to record the incidence of autism are an important step in raising awareness and unlocking this developmental disorder. Important efforts are being undertaken in Utah, through the Utah Registry

of Autism and Developmental Disabilities, to determine and monitor the number of children in Utah with autism. This identification process is an important first step in raising awareness, quantifying need, and creating the necessary networks to provide adequate support.

Autism is best treated when diagnosed early. Usually, diagnosis occurs within the first three years of life. Improving awareness does not just mean counting people, it means identifying children with autism early, by ensuring that primary care providers are aware of the signs of autism. Early identification can assist in earlier access to appropriate treatment for these children, and early intervention can improve the long-term outcomes.

In addition, expanding awareness is about training and services, both for children, their families, and their caregivers and educators. Too often children with autism do not receive the highly trained, skilled services that they need. Autism can overwhelm both the child and those who must care for them without adequate preparation or support. Improving professional development, support networks, and assistance available to the caregivers of individuals with autism is critical. It is necessary to adequately fund and support special education and train specialized teachers. It is also critical to recognize the potential that individuals with autism can have when provided with appropriate educational opportunities and employment training. With these on-going interventions and supports, individuals with autism can achieve their fullest potentials.

Finally, increasing awareness must involve greater focus on research related to autism. It must include research into causes, treatments, and even potential cures. Autism is a complex challenge that requires some of the best scientific and medical attention our nation has to offer. Federal support for research on autism has been growing, but additional efforts will be critical in finding the answers to the many questions that autism poses.

Mr. Speaker, in conclusion I want to recognize the courage and the commitment of the individuals, families, and professionals for whom autism is a reality of daily life. They are truly committed to caring and making progress, and I am happy to support them in this effort to increase the national awareness of autism.

Mr. KIND. Mr. Speaker, I rise in support of H. Res. 605, which recognizes the importance of increasing awareness of autism, advocates increased research, and pays tribute to those who care for individuals with autism.

More prevalent than Down syndrome, childhood cancer, and childhood diabetes combined, autism is a developmental disorder that is affecting a growing number of Americans. Studies show that one of every 250 babies born today will develop some form of autism. Individuals with autism face a wide array of biomedical and neurological difficulties, all of which result in a compromised immune system. The physical toll on children with autism is enormous, and the physical, emotional, and financial burden that parents of autistic children face is great. I have enormous respect for the parents, friends, and families of autistic children who sacrifice so much in order to care for their children.

Residents in my home state of Wisconsin are fortunate to have access to intensive in-home therapy with certified providers, and I applaud universities such as the University of

Wisconsin-Eau Claire, which is making great progress with its autism intervention program that trains students in autism behavior analysis and therapy. I believe we have a responsibility to aid colleges and universities that are doing such important work. I am also proud to be a member of the Congressional Coalition for Autism Research and Education, which seeks to educate members on the realities of autism and work to increase federal funding for autism research and services.

I have been fortunate during my years in Congress to meet with many parents of autistic children who continue to amaze me with the selfless work they do each day. Recently, I was able to spend some time at Willow River Elementary School in Hudson, Wisconsin, which has one of the highest rates of autistic children in the state. It was a pleasure to spend time with special education teachers who work so diligently with their students. The morning was a reminder of both the problems and promise autistic children have.

Mr. Speaker, we must work to better the situations of the children and families who live with autism on a daily basis. I commend Mr. TIERNEY and Mr. BURTON for offering this important resolution and am pleased to be an original cosponsor. I urge my colleagues to support this resolution.

Mr. LANGEVIN. Mr. Speaker, I rise today in strong support of H. Res. 605, which recognizes the importance of increasing awareness of autism. This resolution supports research on the treatment of autism, the improvement of training and support for individuals with autism and those who are for them.

As a member of the Congressional Coalition for Autism Research & Education, and the uncle of a little boy of autism, I am well acquainted with the issues faced by families of children with this disorder. I am struck by the rapid increase in the number of children diagnosed with autism in the last decade. While we have certainly made progress in assessment, diagnosis and treatment, there is room for improvement. We must commit ourselves to providing parents, pediatricians, early childhood educators and all those who have contact with very young children the resources and training to identify children who need help early enough to begin effective interventions. We must take advantage of ongoing data collection in the state and use it to construct better policies and programs to serve our children and families struggling with autism.

Like all children, those diagnosed with autism spectrum disorders are individuals with unique talents and abilities. Across the state, special education teachers, psychologists and others are working hard to bring these gifts and talents to light, and help these children realize their potential. We must recognize and support this honorable work through promoting research and resources dedicated to the study of autism. I urge my colleagues to vote in favor of H. Res. 605.

Mr. HOLT. Mr. Speaker, I rise today in support of H. Res. 605, a resolution recognizing the importance of increasing awareness of autism, supporting programs for increased research and improved treatment of autism, and improving training and support for individuals with autism and those who care for individuals with autism.

Even though autism is one of the most common developmental disorders affecting children, it is still poorly understood throughout

the medical community, producing great frustration among concerned parents. For reasons that are far from clear, children with autism often lack the normal means of communicating and interacting with others, making their transitions to adult society extraordinarily difficult.

Achieving a better understanding of autism will take time, money, and the dedication of researchers and volunteers across the country. That is why I call on my colleagues to support additional funding for autism research and surveillance activities performed by the Centers for Disease Control and the National Institutes of Health. It is also vital that we support the basic science research being performed at the National Science Foundation and other institutions, which provide the knowledge base for the more advanced health research performed by medical researchers.

One of the key questions that these researchers are trying to answer is the potential of a connection between environmental factors and the prevalence of developmental disorders like autism. That is why Representative SAXTON and I have formed the Children's Environmental Health Caucus, which will serve to educate members and staff here on the Hill about the latest scientific research into the impact of environmental factors on children's health. I hope my colleagues can join this caucus and work with us to further this type of research.

It is also critical that we provide the services needed to educate and care for those who do have autism. That is why I would like to call on the Congress to establish mandatory full funding for the Individuals with Disabilities Education Act. It is time for the federal government to step up and fulfill its obligation on special education funding for the sake of children with special needs and for the sake of our constituents who often face high property taxes.

I would also like to commend the work of all of the nonprofit groups that do so much to provide for children with autism and their families. Groups like the New Jersey Center for Outreach and Services for the Autism Community (NJCOSAC) provide information, services, advocacy, and education. Others, like the National Alliance for Autism Research (NAAR), support and fund research into science-based approaches for determining the causes, effective treatments, and potential cures for autism. NAAR, headquartered in Princeton, New Jersey, was founded by two of my constituents, Karen and Eric London, whose son Zachary was diagnosed with autism when he was only twenty-two months old.

Mr. Speaker, I urge all of my colleagues to support this resolution and to remember those children with autism when it comes time to debate appropriations. Funding scientific and biomedical research is not just about giving jobs to scientists—it's about giving hope to people like Karen and Eric London and their son Zachary.

Mr. CROWLEY. Mr. Speaker, I rise in strong support of House Resolution 605 which recognizes the importance of increasing awareness of autism as well as calling for greater investments in Research and Development to combat this disability as well as improving training and support for individuals with autism and their caregivers.

I echo the comments of my colleagues on both sides of the aisle on this important issue—that our government must not only fight autism but also the stigma of autism.

As we know, the statistics surrounding autism are staggering.

About 5 out of every 10,000 children are diagnosed with autism, with boys suffering at a rate of four times that of girls.

More concerning is that the rates of autism are increasing at an alarming rate at between 10–17% annual growth in new cases diagnosed.

Autism does not discriminate between races or nationalities and strikes so many, while our knowledge base of this disability is so little.

The facts tell one story, but I would also like to focus on the more human side of autism.

Recently, a father from my district visited my office to tell the story of his son, Adam, who is autistic.

We must combat both the lack of scientific knowledge surrounding autism as well as the public ignorance about this disability.

On behalf of the people that live with autism, like Adam, it is my hope that not only will this resolution be enacted, but that the Congress will follow up on it with new funding to learn more about, treat, and eventually combat autism.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. ADERHOLT). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the resolution, H. Res. 605, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on the motion to instruct on S. Con. Res. 95 and on the motion to suspend the rules previously postponed.

Votes will be taken in the following order:

Motion to instruct on S. Con. Res. 95, by the yeas and nays;

H. Res. 605, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The remaining electronic vote will be conducted as a 5-minute vote.

MOTION TO INSTRUCT CONFEREES ON S. CON. RES. 95, CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2005

The SPEAKER pro tempore. The pending business is the question on the motion to instruct conferees on the

Senate concurrent resolution, S. Con. Res. 95.

The Clerk will designate the motion.

The Clerk designated the motion.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Kansas (Mr. MOORE) on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 208, nays 215, not voting 11, as follows:

[Roll No. 145]

YEAS—208

Abercrombie	Grijalva	Neal (MA)
Ackerman	Gutierrez	Oberstar
Alexander	Harman	Obey
Allen	Hastings (FL)	Oliver
Andrews	Hill	Ortiz
Baca	Hinchey	Owens
Baird	Hinojosa	Pallone
Baldwin	Hoeffel	Pascrell
Ballance	Holden	Pastor
Bass	Holt	Payne
Becerra	Honda	Pelosi
Bell	Hooley (OR)	Peterson (MN)
Bereuter	Hoyer	Pomeroy
Berkley	Inslee	Price (NC)
Berman	Israel	Rahall
Berry	Jackson (IL)	Rangel
Bishop (GA)	Jackson-Lee	Reyes
Bishop (NY)	(TX)	Rodriguez
Blumenauer	Jefferson	Ross
Boswell	John	Rothman
Boucher	Johnson, E. B.	Roybal-Allard
Brady (PA)	Jones (OH)	Ruppersberger
Brown (OH)	Kanjorski	Rush
Brown, Corrine	Kaptur	Ryan (OH)
Capps	Kennedy (RI)	Sabo
Capuano	Kildee	Sánchez, Linda
Cardin	Kind	T.
Cardoza	Klecza	Sanchez, Loretta
Carson (IN)	Kolbe	Sanders
Carson (OK)	Kucinich	Sandlin
Case	Lampson	Schakowsky
Castle	Langevin	Schiff
Chandler	Lantos	Scott (GA)
Clay	Larsen (WA)	Scott (VA)
Clyburn	Larson (CT)	Serrano
Conyers	Leach	Shays
Cooper	Lee	Sherman
Costello	Levin	Skelton
Cramer	Lewis (GA)	Slaughter
Crowley	Lipinski	Smith (WA)
Cummings	Lofgren	Snyder
Davis (AL)	Lowe	Spratt
Davis (CA)	Lucas (KY)	Stark
Davis (FL)	Lynch	Stenholm
Davis (IL)	Majette	Strickland
Davis (TN)	Maloney	Stupak
DeFazio	Markey	Tanner
DeGette	Marshall	Tauscher
Delahunt	Matheson	Taylor (MS)
DeLauro	Matsui	Thompson (CA)
Deutscher	McCarthy (MO)	Thompson (MS)
Dicks	McCarthy (NY)	Tierney
Dingell	McCollum	Towns
Doggett	McDermott	Turner (TX)
Dooley (CA)	McGovern	Udall (CO)
Doyle	McIntyre	Udall (NM)
Edwards	McNulty	Upton
Emanuel	Meehan	Van Hollen
Engel	Meeks (NY)	Velázquez
Eshoo	Menendez	Visclosky
Etheridge	Michaud	Waters
Evans	Millender	Watson
Farr	McDonald	Watt
Fattah	Miller (NC)	Waxman
Ford	Miller, George	Weiner
Frank (MA)	Mollohan	Wexler
Frost	Moore	Woolsey
Gephardt	Moran (VA)	Wu
Gonzalez	Murtha	Wynn
Gordon	Nadler	
Green (TX)	Napolitano	

NAYS—215

Aderholt	Barton (TX)	Boehlert
Akin	Beauprez	Boehner
Bachus	Biggart	Bonilla
Baker	Bilirakis	Bonner
Ballenger	Bishop (UT)	Boozman
Barrett (SC)	Blackburn	Bradley (NH)
Bartlett (MD)	Blunt	Brady (TX)