

regulate commerce with foreign nations.

Our Founding Fathers granted Congress this responsibility as a check on the executive branch. It is critical that we do not trade away the right to represent our constituents.

They have sent us here to represent their wishes, not those of only international corporations looking to their bottom line. The second round of the name game came when President Bush referred to labor and environment as core standards.

If these are core standards, why are they not being included in the core text of trade agreements? That would make sense, would it not? Instead, the President wants labor rights, get ready for this, to be enforced by the U.S. Agency for International Development and environmental standards by the World Health Organization. Who is he kidding? Not Congress.

Mr. Speaker, I urge my colleagues to do exactly what they have done numerous times before. Reject this name game. Reject Fast Track. Stand up for the American people, their standard of living, their right to work for a living wage, their right to live in an environment which is not polluting, and to use the power of this marketplace to raise living standards in other parts of the world, not pull us down to their standards. Reject Fast Track. Reject the name game. Reject trade promotion authority.

INSTANT RECALL ON ANY VACCINE GOING INTO OUR CHILDREN THAT HAS MERCURY IN IT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Mr. Speaker, I had a prepared statement that I was going to use, but it has not arrived, so I will speak extemporaneously tonight.

Mr. Speaker, vaccinations have been a real plus for this country. We had a lot of diseases that used to be so feared, like polio and diphtheria that we do not have to worry about anymore, and it is because we have vaccinations that really help protect our young people.

But along with the positives, unfortunately there are some negatives, and parents across this country ought to be aware of the negatives as well as the positives. That is why my committee has been holding a number of hearings and has had the health agencies of this country before the committee numerous times.

We have had what is called an explosion of autism in America. Autism, that is a disease most people are not familiar with unless it has hit their family, and that is where one day your child is apparently normal or appears to be normal, and the next day he is running around flapping his arms, cannot speak clearly anymore, bangs his

head against the wall, has severe bowel disorders and other related things.

We have had an explosion, an absolute explosion. Twenty years ago, 1 in 10,000 children in America were considered autistic. Today it is 1 in 500. In some parts of the country, it is as many as 1 in 150. Now think about that; 1 in 150 children in some parts of this country is autistic. We need to find out why.

Our committee has held hearings, and we think we have some things that need to be thoroughly investigated, and one of those is why do we have vaccines going into children's arms and into adults arms that contain mercury. Mercury.

Mercury is a toxic substance that we have taken out of our topical dressings. It used to be that you could buy creams that had mercury in them because it was a preservative. They said because it could leach into the bloodstream through the skin, they thought it was safer to take it out of all topical dressings. They still use it as a preservative in many of the vaccinations given to our children.

Mercury is being injected, as I speak tonight, into children across this country along with the vaccinations they are getting.

Other substances being injected into our children are formaldehyde and aluminum, metals that could be and substances that could be toxic. We need to find out why.

I, for one, believe that my grandson became autistic at least in part because he received vaccinations. He received 9 in 1 day, and 6 of those contained mercury. Mercury has a cumulative effect in the body. It gets in the brain. So I believe that 1 week after he received these vaccinations, he became autistic.

He spoke normally. He acted like any other normal child. Yet within 1 week he was running around flapping his arms, walking on his toes, because he had severe bowel disorder, banging his head against the wall, and he could not speak clearly anymore, and he still has those problems.

Mr. Speaker, if what we are putting into our children's bodies along with the vaccinations is causing that, something has to be done.

I asked the Food and Drug Administration when they were before our committee, do we have vaccines that do not contain mercury or these substances? They said, yes, we do, in single-vial doses. Now, what does that mean? It means that if we have single-vial doses that do not contain the mercury, the child is not going to get the mercury.

But what happens is, the pharmaceutical companies are putting out many shots into one vial, and because of that they have to have these preservatives in there, and in many cases they put several vaccines together. And so they have these preservatives in there to make sure that the vaccine does not become contaminated.

If we went to single-vial vaccines and shots, we would eliminate, in my opinion, a large part of the problem. But that is why this country needs to have continued oversight over our health agencies, because our health agencies have not really been following up on these vaccines to find out if there are any side effects that are really going to hurt our kids for the rest of their lives.

Mr. Speaker, I will say tonight that mercury should be taken out of every vaccine in the country, and it should be taken out today. There should be an instant recall on any vaccine that is going into our children that has mercury in it.

We have enough vaccines that do not contain these toxic chemicals and substances, so our children can be inoculated in a safe and effective way, and yet our health agencies continue to let these companies use mercury in these vaccines.

Today as I speak, as I said, children are being vaccinated with these toxic chemicals in them. It is unconscionable.

Mr. Speaker, we have what is called AIDS deaths, and they have said it is because children go to bed and they sleep on the wrong side, and there is no explanation why they do not. My granddaughter received a Hepatitis B shot, and within an hour she quit breathing. We had to rush her to the hospital, and she was blue in the face.

Had she been in bed, the next morning she would have been dead; but my daughter saw her and saw her turning blue and rushed her to the hospital. It was a reaction to the Hepatitis B shot.

Mr. Speaker, let me just say in conclusion, we will have more of these 5-minute special orders, every parent in the country ought to start reading the inserts on those vaccines. Vaccinations are important, but we want to make sure we know what is going into our children's bodies.

COMMITTEE ON GOVERNMENT REFORM'S OVERSIGHT ACTIVITIES OF VACCINE SAFETY

During the 106th Congress the Full Government Reform Committee and two of its Subcommittees initiated investigations looking at several vaccine issues. There are increasing concerns that the risks related to vaccines are not widely known or acknowledged. Vaccines have been hailed as the greatest public health advance in the twentieth century. I have said from the outset of our investigation that I am not anti-vaccine. Rather I support the appropriate use of safe vaccines that have been thoroughly tested. I support improved information sharing with parents and patients regarding the benefits and risks of immunization and respect the concerns that have been raised by thousands of families across the United States about vaccine adverse events. I also support increased clinical research looking at the long-term safety of vaccines, including their potential link to chronic conditions such as autism, diabetes, attention-deficit disorder, and asthma.

Vaccines are the only drugs Americans are mandated to receive as a condition of attendance at day care and schools and in some

cases as a condition of employment. Because each state bases its mandatory immunizations on Federal recommendations, it is very important that adequate oversight be provided by Congress to insure the integrity of the vaccine programs.

At this time, there is a paucity of research looking at long-term safety of any vaccine. This was acknowledged last year in a report to Congress from the Institute of Medicine, "Few vaccines for any disease have been actively monitored for adverse effects over long periods of time.

CONFLICT OF INTEREST ON VACCINE-RELATED ADVISORY COMMITTEES

The Committee investigated two vaccine-related advisory committees. We were concerned that the pharmaceutical industry has too much influence over these committees. From the evidence we found, I think they do. The first committee was the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC). This Committee makes recommendations on whether new vaccines should be licensed. The second committee is the CDC's Advisory Committee on Immunizations Practices (ACIP). This committee recommends which vaccines should be included on the Childhood Immunization Schedule. We focused on the handling of the rotavirus vaccine. The FDA approved it for use in August 1998. The CDC recommended it for universal use in March 1999. Serious problems cropped up shortly after it was introduced. Children started developing serious bowel obstructions. The vaccine was pulled from the U.S. market in October 1999. We learned that during the FDA's committee meetings there was concern raised about adverse events. They were aware of potential problems. Five children out of 10,000 developed bowel obstructions. There were also concerns about children failing to thrive and developing high fevers, which as we know from other vaccine hearings, can lead to brain injury. Even with all of these concerns, the committee voted unanimously to approve it.

At the CDC's committee, there was a lot of discussion about whether the benefits of the vaccine really justified the costs. Even though the cost-benefit ratio was questioned, the Committee voted unanimously to approve it.

We learned that waivers had been granted to individuals who had financial ties to the industry. This is troubling. At the time the Rotashield vaccine was approved and recommended for universal use, the following conditions existed: (1) That members, including the chair, of the FDA and CDC advisory committees who make these decisions own stock in drug companies that make vaccines. (2) That individuals on both advisory committees own patents for vaccines under consideration or affected by the decisions of the committee. (3) That three out of five of the members of the FDA's advisory committee who voted for the rotavirus vaccine had conflicts of interest that were waived. (4) That seven individuals of the 15 member FDA advisory committee were not present at the meeting, two

others were excluded from the vote, and the remaining five were joined by five temporary voting members who all voted to license the product. (5) That the CDC grants conflict-of-interest waivers to every member of their advisory committee a year at a time, and allows full participation in the discussions leading up to a vote by every member, whether they have a financial stake in the decision or not. (6) That the CDC's advisory committee has no public members—no parents have a vote in whether or not a vaccine belongs on the childhood immunization schedule. The FDA's committee only has one public member.

Families need to have confidence that the vaccines that their children take are safe, effective, and truly necessary. Doctors need to feel confident that when the FDA licenses a drug, that it is really safe, and that the pharmaceutical industry has not influenced the decision-making process. Doctors place trust in the FDA and assume that if the FDA has licensed a drug, it's safe to use. I am concerned that this trust has been violated.

We will be continuing this investigation in the 107th Congress to see if the problems have been resolved. Last week, every member of Congress received a well-meaning letter with an attachment addressing some of the "anti-vaccine" messages. The letter states the information was prepared by the Children's Hospital of Philadelphia. What the letter fails to inform members of Congress is that the document was prepared by a Center at Children's lead by someone with direct financial ties to the vaccine industry. I am concerned about this subterfuge. It is important that individuals who are promoting vaccine safety declare their conflicts of interest. To not do so, in my opinion is unfair to those who receive the information. This omission of corporate sponsorship calls into question the accuracy and balance of the information provided.

INSTITUTE OF MEDICINE'S MEASLES-MUMPS RUBELLA VACCINE AND AUTISM REPORT

The Institute of Medicine's (IOM) Committee on Immunization Safety Review released the "Measles-Mumps-Rebella Vaccine and Autism Report" in April. I was troubled by the headlines and news reports which all stated that the IOM Committee found no connection between the MMR vaccine and autism. The IOM Committee also noted in its conclusions that it could not exclude the possibility that MMR vaccine could contribute to Autism Spectrum Disorder. I would urge all of you to read the entire report, which is available on the National Academy of Sciences website.

THE REALITY IS THAT THERE WAS INSUFFICIENT SCIENTIFIC EVIDENCE TO CONCLUSIVELY PROVE OR DISPROVE A CONNECTION BETWEEN THE MMR VACCINE AND ACQUIRED AUTISM

We have substantial parental observation, which should never be discounted. And we have several case studies and laboratory evidence showing measles virus in the guts of autistic children who have bowel dysfunction. And we also have several population-level epidemiological studies. While the IOM Committee noted that the epidemiological studies

do not support an association at a population level, their report stated, "it is important to recognize the inherent methodological limitations of such studies in establishing causality."

In essence, the studies that have been published and held up by the public health community as "proof" against Dr. Wakefield's hypothesis can never answer the question of whether or not MMR vaccine is linked to autism in some children. That is why we need to insist that the National Institutes of Health fund independent research to replicate Dr. Wakefield's research.

At this time, we do not have enough research to make an evidence-based final conclusion. What we have is a clear indication that a problem exists for some children. We need to do the research to get our arms around that problem, so that we can prevent any further escalation of this epidemic of acquired autism.

When the Institute of Medicine formed their Committee, we were assured that there were be no one on the Committee who had ties to the vaccine industry. I was disturbed to learn that the Committee sent this report out for review and comment prior to becoming final to numerous individuals who have ties to the vaccine industry including individuals with financial ties to the manufacturer of the MMR vaccine.

THE AUTISM EPIDEMIC

Two weeks ago, I stood in support of House Resolution 91, which recognizes the importance of increasing the awareness of autism spectrum disorders and supporting programs for greater research and improved treatment of autism and improved training.

Autism rates have skyrocketed. Conservative estimates suggest 1 in 500 children in the United States is autistic. However, those rates are dramatically higher in some places such as Brick Township, New Jersey, where the rates are 1 in 150.

In the first quarter of this year a child was diagnosed with autism every three hours in California. Last year, that rate was every six hours.

Indiana is seeking a similar trend in increased rates. One in 400 children in Indiana is autistic. Between December 1999 and December 2000, requests for special education services for children with autism went up twenty-five percent. That is a twenty-five percent increase in requests for taxpayer provided services in one year.

We have a national and potentially worldwide epidemic on our hands. It cannot simply be better reporting or an expanded definition of autism.

MY PERSONAL EXPERIENCE

Autism or Autism Spectrum Disorder is devastating to families. I know this from personal experience. My grandson, Christian, was born healthy and developed normally. His story is not much different than that of the thousands of families we have heard from

over the last year. He met his developmental milestones. He was talkative. He enjoyed being with people. He interacted socially.

Then Christian received his routine immunizations as recommended by the Centers for Disease Control and Prevention. His life changed dramatically and rapidly. He received five different shots and one oral vaccine all in the same day. We now know that many of these shots contained the mercury containing preservative, thimerosal. He may have been exposed to forty-one times the level of mercury than is considered safe by Federal guidelines for a child his size. This was on top of other mercury exposure from earlier vaccinations. This issue of having mercury in children's vaccine is a very troubling issue and I intend to continue this discussion in Special Orders every week.

Within ten days of receiving his vaccines, Christian was locked inside the world of autism. Is it related to the MMR vaccine? Is it related to the mercury toxicity? Is it the environment, including food allergies? Or is autism purely genetic?

As with any epidemic, we need to focus significant energy and research on containing it. We need to locate the cause or causes. We need to be aggressive in developing and making available treatments for both the behavioral issues and the biomedical illnesses related to this condition. Last week I chaired two days of hearings to ask experts and public health officials how they have responded to this epidemic.

SHOW ME THE SCIENCE

Some of the scientists and public health officials that have come before the Committee would have us believe that a child's regression into autism within a short time of vaccination is purely a coincidence. However their opinion is not based on scientific evidence, but on their own desire to protect vaccine policy. In fact, our Government has funded very little research looking at the long-term safety of vaccines and has funded no clinical research looking at the potential connection between autism and vaccines.

I don't want to leave the impression that I am an "anti-vaccine" because I am not. Vaccines against serious infectious diseases such as polio and smallpox have saved thousands of lives. I support the use of needed vaccines that have been thoroughly evaluated for safety and efficacy and have been tested extensively.

As Chairman of the Government Reform Committee, I have conducted several hearings on vaccine safety issues and the potential connection between childhood vaccines and the autism epidemic. We have heard from a lot of witnesses on both sides of the issue. One common thread in testimonies of dozens of witnesses is that to date there is a very little research in this area.

Autism and vaccine safety are both very important issues. There is a lot of research that needs to be done to get answers about the causes of autism and whether or not the MMR vaccine and thimerosal-containing vaccines are linked to the onset of acquired autism. Our health agencies can no longer hide their heads in the sand and refuse to acknowledge that we have an epidemic and that in our well-meaning desire to protect the public at large from infectious diseases, that we may have

created this epidemic of a chronic and life-long disease.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 622, HOPE FOR CHILDREN ACT

Ms. PRYCE of Ohio, from the Committee on Rules, submitted a privileged report (Rept. No. 107-67) on the resolution (H. Res. 141) providing for consideration of the bill (H.R. 622) to amend the Internal Revenue Code of 1986 to expand the adoption credit, and for our purposes, which was referred to the House Calendar and ordered to be printed.

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. JOHNSON) is recognized for 5 minutes.

(Mr. JOHNSON addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Mississippi (Mr. SHOWS) is recognized for 5 minutes.

(Mr. SHOWS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

ENERGY PRICES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes.

Mr. LANGEVIN. Mr. Speaker, today I am pleased to join my colleagues in addressing the serious issue of rising energy costs.

Today in Rhode Island, the average price of one gallon of regular unleaded gasoline reached \$1.77, almost 5 cents above the national average and a record high in my State.

Thousands of my constituents depend on their automobiles to get to their jobs each day and simply cannot afford the drastic increase in gas prices that they are being forced to pay.

Additionally, this problem has a significant impact on Rhode Island's economy which relies heavily on summer tourism.

Increased gasoline costs threaten to discourage people from summer travel, which would have a disastrous effect on our communities.

Mr. Speaker, we need a solution to this problem now. I have contacted the administration and insisted that any energy strategy that they develop must help American consumers by lowering gas prices.

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Both the President and the Vice President have extensive experience and contact in the oil industry. I am certain that, if properly motivated, they could find a way to lower gasoline prices and bring relief to Americans that have been hardest hit by this price spike.

Our national energy strategy must also incorporate technologies to improve vehicles' fuel efficiency standards in order to reduce our runaway consumption of oil and gasoline.

For example, by requiring SUVs to simply meet fuel efficiency standards of passenger cars would reduce U.S. oil consumption by 1 million barrels per day, approximately the daily estimated oil yield from drilling in the Arctic National Wildlife Refuge.

Even though the technology currently exists to make our Nation's cars and SUVs more fuel efficient, Congress has blocked the establishment of higher standards since 1995.

Mr. Speaker, I intend to work with my colleagues in Congress to increase fuel efficiency standards, not only to cut our consumption of oil and gasoline, but also to reduce emissions of carbon dioxide, the greatest contributor to global warming.

I am optimistic that the United States will take advantage of our current energy debate to develop a forward-thinking plan for the future. We must establish an energy strategy that addresses short-term and long-term problems, is environmentally responsible, and truly benefits the American consumer as well as the future of this world.

ENERGY CRISIS AND FUEL PRICES

The SPEAKER pro tempore (Mr. GRAVES). Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, in my district in New Jersey, the average price for unleaded gasoline is \$1.72 this month. The Energy Information Administration report shows that the average price in New Jersey was \$1.14 at