

Stafford 39–13 in the title game at the University of Richmond stadium. And they did not just win the championship, they did it in style. The Phoebus Phantoms went undefeated during the 2002 season—finishing with a record of 14 and 0. There are 114 state Group AAA schools that play football in Virginia, and Phoebus High School was the only one to finish the 2002 season undefeated. And their win in the title game was Phoebus High School's 26th win in a row—including 10 shutouts.

Opened in 1975, Phoebus High School is the newest and smallest of Hampton's four high schools. Under the direction of Principal Phyllis Henry, the Phoebus faculty seeks to inspire students to strive for excellence and achievement in the classroom, in their extracurricular activities, and in their communities. Phoebus students meet rigorous academic requirements, and take responsibility for academic progress, behavior and attendance. The majority of Phoebus students continue on to institutions of higher education. It is clear that this drive for excellence has now been extended into the field of athletics.

Phoebus High School's championship this year marked the 8th time in the last 11 years that a Peninsula District team has won a state title in football. To quote from our hometown newspaper, the Daily Press, "High school football on the Peninsula is championship football."

We would like to extend our enthusiastic congratulations to Coach Bill Dee, his coaching staff, and all of the players on the Phoebus High School Phantoms—the 2002 Group AAA Division 5 Virginia High School League State Football Champions.

FAIRNESS, SIMPLIFICATION AND
COMPETITIVENESS FOR AMERICAN
BUSINESS ACT OF 2003

HON. AMO HOUGHTON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 8, 2003

Mr. HOUGHTON. Mr. Speaker, I am pleased to join my colleagues, Mr. SAM JOHNSON from Texas, Mr. PORTMAN from Ohio and Mr. RAMSTAD from Minnesota, in introducing a bill, the "Fairness, Simplification and Competitiveness for American Business Act of 2003". This bill is very similar to the one I introduced in the last Congress, and contains many of the provisions that have been included in past bills I have sponsored on international tax matters. Our trade laws and practices, as well as our commitment to the World Trade Organization, have encouraged the expansion of U.S. business interests abroad. That process continues with passage of the Trade Promotion Authority legislation and recent announcements of various free trade agreements that have been completed or are being negotiated. However, our tax policy lags far behind and seems out of sync with our trade policy. Many would argue that our international tax policy seems to promote consequences that may be contrary to our national interest.

The United States continues to be the largest trading nation in the world. In a \$10 trillion-plus economy, current data indicate that the value of our exports and imports of goods and services continues to represent about 25% of our GDP. It is no secret that our economy is

more and more trade dependent, as our companies depend on overseas markets for a much larger share of profits and sales.

Recent cases with the WTO show how our trade relations with various countries or blocks of countries affect the competitiveness of U.S. multinationals vis-a-vis their foreign competitors. Tax policy sometimes becomes intertwined with trade policy. For example, how we comply with the WTO ruling that our foreign sales corporation/extraterritorial income tax provisions are a prohibited export subsidy highlights the significance of these matters to our economy. The ruling allows sanctions that would amount to an annual \$4 billion-plus potential hit against U.S. exports, unless we come into compliance. The forty-year-plus history behind the FSC/ETI and predecessor provisions was all about trying to make our companies tax competitive with their foreign competitors.

I don't believe anyone would seriously dispute that our tax system, in general and especially as it relates to international taxation, is overly complex and basically out of date. Many provisions were enacted, e.g. subpart F, in a totally different era as far as the world economy and competitiveness are concerned.

The focus of the legislation is to make the international area more rational. The proposal contains a number of provisions to simplify and make fair our international tax laws. In general, the bill seeks in important ways to: (1) simplify this overly complex area, especially in subpart F of the Code and the foreign tax credit mechanisms; (2) encourage exports; and (3) enhance U.S. competitiveness in other industrialized countries. The bill includes some provisions proposed by the Joint Committee on Taxation in its simplification report issued in 2001. In addition, Treasury officials have repeatedly stressed the importance of updating our international tax laws.

Some of the provisions in the prior bill have been modified to be consistent with H.R. 5095, introduced in the last Congress by the Chairman of the Ways and Means Committee. In addition, provisions relating to subpart F have been added from that bill. They are essential to updating that portion of the Internal Revenue Code.

In summary, the law as now constituted frustrates the legitimate goals and objectives of U.S. businesses and erects artificial and unnecessary barriers to U.S. competitiveness. Neither the largest U.S.-based multinational companies nor the Internal Revenue Service is in a position to administer and interpret the mind-numbing complexity of many of the foreign provisions. Why not then move toward creating a set of international tax rules that taxpayers can understand and the government can administer? I believe the proposed changes in this bill represent a creditable package and we have a unique opportunity in the 108th Congress to make significant progress in enacting reform in the international tax area. I urge your support of the proposal.

THE AUTISM EPIDEMIC MUST BE
A HIGH PRIORITY FOR THE 108TH
CONGRESS

HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 8, 2003

Mr. BURTON of Indiana. Mr. Speaker, as we come back to Washington this January and set our priorities for the first session of the 108th Congress, I want to remind my colleagues that we have a looming crisis—a crisis of spirit, of policies, and of economics. This crisis is a looming and immediate economic crisis to the education system, to health care systems, to long-term housing and care for the disabled, to un-addressed research needs, and most especially to an increasing number of families across the country. This crisis is the autism epidemic.

Over the last three years, you have heard me speak many times on this issue—and you will continue to hear me speak on this issue because we have our work cut out for us. You well know that my own grandson was adversely affected by a series of vaccines and became autistic. When I looked at what I thought was a rare condition, I found that my grandson was one among many similarly injured.

Our health agencies have spent much of the last decade in denial about this problem. To date, they have not replicated clinical studies that point to a connection between autism enterocolitis and the Measles, Mumps, Rubella (MMR) vaccine. Nor have our health agencies adequately addressed the dangers of thimerosal in pediatric vaccines and the fact that tens of thousands of families feel their children were injured from thimerosal-containing vaccines, leaving their child autistic.

Autism is a condition that has no known cure. Children, whether autistic from birth as a result of vaccine injury, genetic defects, or as a result of some other environmental influence, require lots of special medical and educational attention. The earlier a diagnosis is made and interventions are begun, the better the long-term outlook can be for a child. This is why the programs such as First Steps in Indiana are so important. However, this attention gets to be very expensive. Many of the private schools, specifically designed to educate children with autism have annual tuitions of \$60,000 or more. Many of these children, when in public schools, require a full-time one-on-one aide, and numerous other special accommodations including speech and occupational therapies. Mainstream and Special Education Teachers need special autism teacher training. Every child with autism or any disability is entitled under Federal law to a free and appropriate education.

PREVALENCE OF AUTISM

Last week the Centers for Disease Control and Prevention (CDC) published in the Journal of the American Medical Association their Prevalence Study of Autism Rates in metropolitan Atlanta. In this report, they acknowledged that autism prevalence rates published prior to 1985 were 4 to 5 per 10,000 for autism spectrum disorders and 1 to 2 per 10,000 for the more narrow definition of autism. In Atlanta in 1996, the rates in children ages 3 to 10 had skyrocketed to a range of 19 per 10,000 to 47 per 10,000. Two years ago, the

CDC published their 1998 prevalence study of children in Brick Township, New Jersey and found that 40 per 10,000 children were autistic and 67 per 10,000 were diagnosed with autism spectrum disorder.

Let's do the math here. According to our latest Census, there are 72.3 million children under the age of 18 in this country. If we extrapolate the Atlanta numbers nationwide, that would mean that in 1996 we may have had between 137,370 and 339,810 children under the age of 18 with autism in this country. And if we use the newer 1998 Brick Township numbers, nationwide we had 289,200 children with autism and 484,410 children on the autism spectrum.

EDUCATION SYSTEM BURDEN

The Department of Education tells us that it spends on average \$12,234 more each year for a child with autism than it does for educating a non-disabled child. (\$18,790 average cost of educating a child with autism compared to \$6,556 to educate a non-disabled child.) So that would mean our education system needs to find additional resources on the magnitude of 3.5 to 5.9 billion dollars each year to educate children with autism. Since many of the children in our system are not getting the services they really need, the \$18,790 is probably much lower than it ought to be. Realistically, schools will likely need about \$40,000 per child with autism to provide the full breadth of services needed. So that would mean, the education system needs to budget approximately \$16 billion dollars a year more just for children with autism.

Most of this additional tax burden falls on the local and state tax base. We in Congress need to act quickly this session to keep our promise to pay the 40 percent Federal portion to the Individuals with Disabilities Education Act (IDEA) Part B. We haven't even come close to keeping that promise and local school jurisdictions are feeling the strain of carrying this burden. Many children go without services and that is a travesty.

FAMILY ECONOMIC BURDEN

We have learned from families that they often spend between \$20,000 and \$50,000 each year, much of it not reimbursed to provide care and services for their autistic children. This is a huge burden for any family to carry. There are no magic bullet approaches to treating autism. As yet there is no cure. Half of the children with autism will never speak. Many of these children have severe food sensitivities, especially to casein and gluten, products that are in almost every processed food. Many are highly sensitive to many chemicals—even perfumes. Exposure to these foods or chemicals causes a serious deterioration in behavior. Many have autoimmune disorders; have enzyme deficiencies, and heavy metal toxicities. Some individuals with autism will go through bouts of self-injurious behavior. Some, particularly autistic boys, as they hit their teen years when all teenage boys experience that surge of testosterone, may experience aggressive behavior, requiring medication. While some individuals with autism, those with higher functioning autism or Asperger's Syndrome may be able to go on to college and even live independently, the vast majority of today's children with autism will never have that opportunity unless we can turn this epidemic around. The vast majority of these boys and girls will never have the chance to serve in the armed forces, to become doctors, lawyers,

teachers, or astronauts. They will never have the chance that you and I have had to run for political office.

ADULTS WITH AUTISM—LONG-TERM CARE AND DISABILITY HOUSING

We have no good numbers on how many autistic adults there are in this country. Many are institutionalized because their parents can no longer care for them. Obviously, our current infrastructure for long-term care for the disabled is not equipped to manage the more than tenfold increase they will be facing in the next decade.

RESEARCH NEEDS

As I mentioned, there is no cure for autism. The research response to looking at causes, treatments, and possible cures for autism has been vastly inadequate. Out of a twenty-seven billion dollar budget, the National Institutes of Health has focused less than sixty million dollars on autism. A condition they say affects 1 in 250 children in this country and they only invested sixty million dollars to address the epidemic. And unfortunately, most of those sixty million dollars will never translate into treatments for autism or in answering the questions about a possible vaccine injury connection. The CDC, while spending over 930 million dollars on AIDS last year invested only about \$11 million dollars on autism. We must treat this like an epidemic and mobilize research and services resources to address the epidemic.

And most disturbing to families of vaccine-injured autistic children is that none of the government agencies have adequately addressed their concerns about thimerosal and the MMR vaccine. Instead of a replication of clinical evidence indicating low-level measles infection lingering in the gastrointestinal tract of children who became autistic after receiving the MMR vaccine, they cited CDC funded population-based epidemiological studies and used these epidemiological studies to say there is no connection between MMR and autism. In fact, epidemiological research cannot disprove clinical research. This is like trying to make lemonade with apples.

And in two difference prevalence studies—in New Jersey and Georgia, the CDC had an opportunity to do a thorough evaluation of a potential link between autism and immunizations and they chose not to. In fact, the families in Brick Township requested this analysis. The CDC evaluated environmental influences and all other possible causes, but they chose not to look at the immunization records and see if there might be a link.

In the CDC's initial evaluation in their Vaccine Safety Datalink (VSD) looking at a possible link between thimerosal-containing vaccines and any health conditions, they found a statistically significant correlation between thimerosal-containing vaccines and attention deficit disorder, neurological developmental disorders, speech and language delays and tics. After these initial findings, the CDC conducted a second evaluation that was in a much smaller population and did not find the same correlations. It is obvious that much more research is needed. We had to fight for more than two years to get the CDC to open up access to the VSD data, and unfortunately we have learned that some independent researchers are still having a hard time accessing this data. The Department needs to make sure that independent researchers can easily access this data to conduct replications of exist-

ing studies and to conduct new studies that the Department has not done.

We hear repeatedly in Congressional hearings, in media communications, and through reports that "there is no evidence that proves a connection between vaccines and autism." And of course, if the Department of Health and Human Services never funds or conducts the right studies, the evidence proving a connection will never exist. But the lack of well-designed research asking the right questions does not mean that a connection is not there. What it does mean is that our health agencies have failed the American public.

For ten years, the Institute of Medicine has asked for research to be conducted in this area—to look at the autism-vaccine connection. This independent agency has repeatedly found that there is a paucity of studies evaluating vaccine adverse reactions. They found that there was inadequate science to rule in or rule out a connection between autism and thimerosal, but they also found that is was "biologically plausible" for such an injury to occur. We continue to see the Department of Health and Human Service's agencies stalling on doing the right kinds of studies. Vaccines are the only medications that are mandated for American citizens to receive as a condition of school and day care attendance and in some instances, for employment. Therefore, it is even more important that vaccines are as safe as possible, that only those vaccines that are really needed are mandated, and that we accelerate the level of well designed studies that actually answer the questions on vaccine adverse reactions.

NO MORE CONFLICTS OF INTEREST IN RESEARCH AND POLICY

It is important for individuals and institutions that are going to conduct this research not to have financial ties to the manufacturers of vaccines. It is a travesty that the NIH and CDC only seem to fund those institutions that also receive a lot of pharmaceutical funding and do not fund those researchers who have chosen not to accept industry money and who are in the trenches answering the tough questions. Some of those researchers have been before the Committee on Government Reform. They had long histories of receiving NIH funding, but as soon as they started looking at vaccine injury issues, their NIH funding dried up. This is a clear indication to me that our health agencies are more devoted to the vaccine industry than to the vaccine injured. This must change. It is also a travesty that so many of the experts that HHS agencies appoint to sit on advisory committees are individuals who have financial ties to the pharmaceutical industry.

THE VACCINE INJURY COMPENSATION PROGRAM

Late in the 107th Congress, we as a Congress failed this same community, Mr. Speaker, by tacking provisions into the Homeland Security Act which cut off the ability of families to seek legal recourse to the manufacturers of thimerosal, while not including provisions to include those families whose statute of limitation had expired, in the Vaccine Injury Compensation program. We as a Congress have failed this community. This retroactive provision was not about homeland security.

We tripled infants' exposure to thimerosal through their vaccines for the first six months of life in the late 1980's. And yet it was not until 1999 that the FDA realized what they had done. It was more than ten years before they

realized the dramatic increase in infants' exposure to mercury. Many families realized that their child became autistic after receiving vaccines, but they had nowhere to turn. Doctors discounted the possible connection because they were not informed until late 1999 of this thimerosal/mercury exposure in vaccines. Many of these families were not aware that the Vaccine Injury Compensation Program existed until well after their three year statute of limitations had expired. The Department of Health and Human Services acknowledges that their media campaigns on this program were inadequate. In fact it has been the advent of the Internet and online autism and vaccine injury discussion groups that first informed most of these families of this program.

We must work quickly this year to first repeal the provisions of the Homeland Security Act that cut off families' legal options and second to pass legislation that will improve the Vaccine Injury Compensation Program for these families and for all individuals who face an injury from a covered vaccine. There is over 1.3 billion dollars in the trust fund. It is wrong that families have to fight for five, seven, even ten years to be compensated. It was not supposed to be a fight or a long process. The over-zealous government lawyers and program managers have lost sight of what this program is about. The Compensation program was supposed to be compassionate and non-litigious. When it was a close call, the program was supposed to rule in favor of the injured. Instead, the government goes to battle on many of the close cases and challenges the special masters when they lose. Oftentimes, when the Special Master rules in favor of the injured, Justice Department lawyers and HHS program managers call it a "bad decision by the Special Master." They see this as litigation and not compensation and because of that mindset, in many instances; it has become exactly what Congress was trying to avoid—a difficult, litigious, drawn-out process.

Mr. Speaker, in November I wrote the President and asked him to host a White House Conference on Autism to address many of these issues. Today the families of vaccine-injured children are in Washington to protest the loss of their legal options as a result of the Homeland Security Act provisions. I hope that my colleagues will take the time to listen to these families—their constituents—as they come around to their offices this week. Many of my colleagues are already members of the Autism Caucus and will be actively working on autism issues this year. Every member of Congress needs to pay attention to this issue. Autism and vaccine issues are not partisan issues. I am pleased that in the last congressional session we set aside partisanship and focused on the issues. I hope that as we bring legislation through committees and to the floor for votes, that I can count on all of your support to put the families first, to do the right thing, and pass effective, compassionate legislation. I am introducing legislation today to repeal the provisions in the Homeland Security Act and I hope to have all of your cooperation in getting this done quickly. These families deserve justice and the opportunity to seek compensation.

REGARDING THE INTRODUCTION OF LEGISLATION PROVIDING APPROPRIATIONS FOR FISCAL YEAR 2003 FOR THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, EDUCATION AND RELATED AGENCIES

HON. RALPH REGULA

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 8, 2003

Mr. REGULA. Mr. Speaker, today I am introducing legislation to provide appropriations for the Departments of Labor, Health and Human Services, Education and Related Agencies for fiscal year 2003.

Mr. Speaker, this is an appropriations bill that truly touches every life in our nation—from funding our children's education, to research on countless diseases to job training funding to improve our nation's workforce and thus our competitiveness in the world economy.

The bill I am introducing today provides \$130,902,000,000 for the discretionary programs and activities within the jurisdiction of the Subcommittee on Labor, HHS, Education and Related Agencies. It is the same funding level as the President's budget request and \$3.3 billion over the fiscal year 2002 level.

The challenging demands of funding the important programs in this bill have required us to seek a very delicate balance in crafting the legislation. Therefore, I would like to share with my colleagues some of the programs we have focused our attention on in structuring this bill.

HEALTH AND HUMAN SERVICES

First in the area of our nation's health, we are providing \$26.6 billion for the National Institutes of Health (NIH), and increase of \$3.357 billion over last year. This funding level brings us very close to our final investment in our five year commitment to double the NIH biomedical research budget. Research efforts to date have resulted in great progress in understanding, preventing and treating disease and I am pleased to support these efforts.

The Centers for Disease Control and Prevention (CDC) is our nation's first line of defense in bioterrorism preparedness. The agency is also our nation's leader in promoting health and wellness as well as disease prevention. It is critical that we support the CDC's efforts in these areas, and we therefore provide \$4.3 billion for fiscal 2003 to carry out these functions.

The Health Resources and Services Administration programs provide the vital backbone for carrying out health programs across the nation. We provide \$1.457 billion for Community Health Centers, the access points for healthcare for our nation's uninsured and underinsured. This is a \$115 million increase over last year's level. At this new level, we anticipate that nearly 13 million people will receive these important services.

The Health Professions account in this bill has a long tradition of support by the Members of this House, and I am pleased to report that the bill continues this longstanding tradition. We have included \$377.6 million for the numerous health professions accounts. Included in this number is additional funding for nursing education, as our nation is now experiencing a critical nursing shortage.

Two further health programs of importance to many Members in this body include funding for the Ryan White CARE Act, at \$1.93 billion and Children's Hospitals Graduate Medical Education at \$292 million.

LIHEAP, the program that provides heating and cooling assistance to the poor will receive \$1.7 billion in regular formula grant funding, the same level as last year. All of the funding is provided to the states for distribution to families and individuals rather than diverting a portion to emergencies as requested, as \$300 million for emergency funding remains available for this purpose.

Other human services programs we focus priority funding on include the Safe and Stable Family program that we fund at \$70 million. To support those young people who are no longer of eligible age to receive foster care, we are providing \$40 million for Independent Living Vouchers. Finally, for the Compassion Capital Fund we are providing \$30 million and for abstinence education we are providing \$60 million, bringing the total for discretionary program initiatives to \$200 million.

EDUCATION

Turning to education, Mr. Speaker, this appropriations bill provides the funding for implementing our nation's new elementary and secondary education law, the No Child Left Behind Act. Since the enactment of this important law a year ago, much attention has been devoted to the need to fund this law, giving states and local education agencies the necessary resources to comply with the act.

The bill I am introducing today provides the important resources to assist teachers, school administrators, parents and students to achieve the goals of this new law. Funding for the numerous programs included in the No Child Left Behind Act totals \$22.3 billion. This figure includes increases in the following areas: \$500 million for the Title I program; \$100 million for teacher quality, \$100 million for the new Reading First program and \$87.5 million for Math and Science Partnerships. Also of substantial importance, Special Education is increased by \$500 million over last year.

Mr. Speaker, to some in the education arena this funding level may not be sufficient. However, I would like to take the opportunity to remind my colleagues that education is not exclusively about dollars. Historically, we have watched federal funding for Title I and other programs increase while test scores either remained stagnant or have actually declined. Hence, in the No Child Left Behind Act we seek results. Results in student achievement, results in accountability. How can we best accomplish these goals? I believe we can achieve these goals by ensuring that every year, every child has a good teacher in his or her classroom. It is for this reason that I continue to dedicate attention and resources to teacher quality in this bill.

Pell Grants continue to receive pressure for funding, as large numbers of people of returned to higher education as a result of our economic downturn. These new students seek additional skills to improve their position in our job market and in our global economy. In the bill we retain the maximum level for the Pell Grant set last year at \$4000, providing \$11.2 billion to fund the program. At this level nearly 4.5 million students are expected to receive this aid.

Head Start is an important program that serves our nation's poor and is being called