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APRIL IS AUTISM AWARENESS
MONTH—MOVING FROM AWARE-
NESS TO ACTION

HON. BILL POSEY

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 26, 2013

Mr. POSEY. Mr. Speaker, I rise today to draw the attention of the Congress and the American people to the Autism epidemic that is tragically ravaging too many of America's children.

April is Autism Awareness Month, and I am pleased to join with parents, siblings, grandparents, special education school teachers, medical care providers, and interventionists to draw attention to the rapidly expanding autism community.

When I was young, autism was virtually unheard of. In the 1980s rarely did you meet someone who knew someone with autism. Yet, in the 1990s there was an explosion of autism. Indeed, in the course of just my lifetime, Autism Spectrum Disorder has grown from a very rare condition to—according to the Centers for Disease Control—a developmental disorder affecting 1-in-50 school aged children. And, tragically, the rate for school aged boys is a disturbing 1-in-31.

On December 19, 2006, the effort to address this epidemic took a major step forward as President Bush signed into law the bipartisan Combating Autism Act. I look forward to working with my colleagues and the Autism community to reauthorize this program next year. Though the Interagency Autism Coordinating Committee each year produces a strategic plan to address Autism, the billion-dollar allocation of resources to autism has not been evenly invested among genetic, epigenetic, and environmental factors. I must concur with the experts who have been willing to speak out, that the epidemic increase in the rates of autism are not a 'genetic' epidemic. Indeed, you don't have genetic epidemics. While there is likely a genetic component to many who have been diagnosed with Autism, we must seriously consider that there are likely several key factors in autism.

Also, so some who have suggested that the increase in Autism is due to better diagnosis, you don't go from 1 in 1,000 to 1 in 80 in three decades due to better diagnosis alone. And, if that were the case, where are the tens of thousands of autistic adults in their 40s, 50s and 60s. While better diagnosis may be a factor, common sense says there is a real increase and something is causing it.

While some may be borne with Autism, there are many parents who testify to the fact and present cases where their children were progressing normally but something triggered a regression where they lost speech, abilities, and regressed from developmental milestones that they had earlier met. Was that regression due to external factors such as medical injury, exposure to environmental toxins such as lead or mercury, or was it adverse reactions to medications that lead to high fevers, brain in-

flammation or seizures? We must get answers to these questions.

I was pleased to participate in a November 2012 House Oversight and Government Reform hearing on the Federal Response to Autism. That was one of the most attended hearings I have participated in since coming to Washington in 2009. Indeed at this hearing it was standing room only, and overflow rooms had to be used to accommodate the public. This was a much anticipated hearing from many parents of children suffering from Autism who want clear and unbiased answers to questions surrounding the epidemic.

I, like many in Congress, were frustrated with the lackluster response from the federal witnesses, particularly the CDC witness that was evasive and took more than five months to respond to the Committee's questions. The responses that finally arrived this month were incomplete, often evasive, and showed a complete lack of urgency on the part of the CDC. I was also disappointed that the federal government witnesses did not have the courtesy to remain at the hearing to listen to the testimony of the public panel representing non-profit organizations and academic institutions focused on Autism and Asperger's Syndrome.

Parents, grandparents, educators, health professionals, and highly functional adults on the autism spectrum are frustrated at the federal response to this epidemic. There is much more that we could and should be doing.

Some believe that toxins like thimerosal, which is 50% ethylmercury, have played a role in the rise in autism and neurodevelopmental disabilities. In 2000 there was near universal agreement that mercury should be removed as a preservative for vaccines. Yet, today, nearly half of all annual flu vaccines, which are recommended for children and pregnant women, still contain mercury as a preservative—not simply trace amounts of mercury. It's 2013! Why are we still injecting ethylmercury into babies and pregnant women?

I have been deeply disappointed in the failure of the CDC and the Department of Justice to see that Dr. Poul Thorsen is extradited to the United States to stand trial for orchestrating an elaborate scheme stealing more than \$1 million from the CDC-Denmark grant. That money was supposed to be used to investigate the causes of autism and developmental disabilities. Instead it was diverted to personal use by Dr. Thorsen. Thorsen was a key author on 22 of the CDC's key studies related to autism and developmental disabilities.

Before coming to Congress in 2009, I heard from some in the autism community who have advocated for a retrospective study to examine whether there are different health outcomes when comparing vaccinated children and unvaccinated children, including autism and chronic conditions. I have continued to hear these requests over the past four years. At the hearing I asked CDC if they had conducted such a study and they said they've done dozens of studies related to autism but never have looked at a comparison of vaccinated versus unvaccinated. In fact, a recent study they published compared fully vaccinated children to those who were not fully vaccinated, but for some reason it did not include data on completely unvaccinated children. Seems like common sense to do a study comparing vaccinated children vs

unvaccinated and this week I was pleased to be joined by my colleague Rep. CAROLYN MALONEY (D-NY) in introducing H.R. 1757, The Vaccine Safety Study Act. This would direct the National Institutes of Health to conduct a retrospective study of health outcomes, including autism, of vaccinated versus unvaccinated children. That should bring an answer to this decades long question.

Whether the number is 1-in-88 twelve-year-olds, or 1-in-50 school-aged children, or 1-in-33 young boys, we can all agree that the number is devastatingly high. We must overturn every stone to get to the bottom of this epidemic. We cannot afford to see this epidemic grow. We must examine every possible risk factor to protect the world's greatest resource: our children. And, we must invest to develop the best interventions to help those who are autistic.

MINORITY HEALTH MONTH

HON. G.K. BUTTERFIELD

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 26, 2013

Mr. BUTTERFIELD. Mr. Speaker, I rise to promote Minority Health Month and spotlight the health disparities that plague our communities.

In a 1985 report, the U.S. Department of Health and Human Services (HHS) called health disparities in this country "an affront both to our ideals and to the ongoing genius of American medicine." Now 28 years after HHS released that landmark report, health disparities still exist between black and white and rich and poor.

A significant driver of these disparities is the lack of health insurance. For instance, African Americans make up 13 percent of the entire population, but account for more than half of all people who are uninsured. Blacks also have disproportionately lower access to primary care, often receive poorer quality of care, and face more barriers in seeking treatment for chronic diseases.

That is why I am pleased that the month of April is designated as National Minority Health Month. It provides an opportunity for all Americans to learn that healthcare disparities still exist. It also provides an opportunity for government, industry, non-profits, and advocacy organizations to combine efforts to help curb healthcare disparities.

My fellow colleagues, every American deserves the opportunity to live a healthy life regardless of economic means or ethnicity. It is this belief that led the Obama Administration to pass the Affordable Care Act.

Following in the President's footsteps, I will continue to promote Minority Health Month during my district work period by visiting the Metropolitan Community Health Services, the Halifax Regional Medical Center, the Roanoke Rapids Clinic, and several other healthcare facilities in the First Congressional District.

Mr. Speaker, I ask my colleagues to join me in advancing health equity in every community. As leaders, we have an obligation to reverse health inequality through awareness and championing the importance of preventative healthcare.