

earned, executives are often padding their own retirement packages. The executives who make the critical decisions to save or scrap employee pension plan rarely share the pain of their decisions—but are perversely rewarded for cutting company liabilities to their workers.

My legislation brings greater equity to the private pension system by requiring full disclosure of executive compensation packages to employees, and by linking the benefits in executive compensation plans to those of the rank-and-file for whom these executives bear responsibility.

A 2003 Executive Excess report by United for a Fair Economy found that the median pay for executives at the 30 companies with the most underfunded pension plans in 2002 was \$5.9 million, or 59 percent higher than the median pay for executives at the typical large company. These 30 companies had a combined \$131 billion pension deficit in 2002, but paid their executives a combined \$352 million.

While the underfunding threatened employee pensions, 19 of these executives saw their pay rise, and 10 saw their pay more than double in 2002. The executive pensions themselves are exorbitant. A review of 2004 proxy statements from 500 large companies by Corporate Library for the New York Times revealed that 113 chief executives could expect retirement benefits of more than \$1 million per year. At least 31 would see \$2 million or more per year. A list of some of the more recent and well-publicized outrages on how executive plans and rank-and-file plans are treated is attached to this letter.

“The Pension Fairness and Full Disclosure Act” makes overdue changes in pension law to end these grotesque disparities in the way the retirement security of employees and executives are treated.

Corporations that file for Chapter 11 bankruptcy and shift unfunded pension liabilities to the Pension Benefit Guaranty Corporation (PBGC), or convert their traditional pension plans to cash balance plans in a way that does not protect older workers, would not be permitted to increase executive deferred compensation for directors and officers for a 5-year period without incurring a 100 percent excise tax.

Corporations with underfunded rank-and-file pension plans would be prohibited from providing any funding for executive pension plans unless and until their rank-and-file plans are at least 75% funded.

Corporations would have to disclose the full value of their executive compensation plans when they move to terminate the plans in bankruptcy or make amendments to the plan to freeze benefits or reduce future accruals.

For far too long, some companies have irresponsibly rewarded their executives while unfairly cutting or eliminating their employees' pensions. I invite my colleagues to join me in supporting and passing “The Pension Fairness and Full Disclosure Act.”

RECOGNIZING THE CAREER AND RETIREMENT OF MRS. JOSEPHINE POSHARD, TEACHER, AT CARTERVILLE, COMMUNITY UNIT SCHOOL DISTRICT NO. 5 IN CARTERVILLE, ILLINOIS

### HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 10, 2005*

Mr. COSTELLO. Mr. Speaker, I rise today to ask my colleagues to join me in recognizing the career and retirement of Mrs. Josephine (Jo) Poshard, third grade teacher at the Carterville Community Unit School District No. 5, in Carterville, Illinois.

Mrs. Poshard has devoted 32 years to educating the youth of Southern Illinois, serving as a teacher, cheerleading sponsor, choral director and yearbook sponsor. She has been the third grade teacher at the Carterville Community Unit School District No. 5 for the past 20 years. During that time, in addition to her devoted education of the students in her classroom, Mrs. Poshard has served on numerous committees and in many capacities. One of her most significant extra-curricular contributions has been as Team Leader of the Math School Improvement Plan. Through her leadership, the school has consistently excelled on the Illinois Standard Achievement Test.

Mrs. Poshard graduated from Southern Illinois University at Carbondale with University Honors. While at Southern Illinois University, she was asked to join Alpha Lambda Delta, a national society that honors academic achievement.

Mrs. Poshard began her teaching career at Thompsonville High School in Thompsonville, Illinois. She taught four sections of English as well as Journalism, Girls' Physical Education and she was the Cheerleading sponsor.

After 3 years at St. Elmo Junior High School and a year as a substitute teacher in several community schools, Mrs. Poshard accepted a position as first grade teacher at the New Simpson Hill School District at Tunnel Hill. While at New Simpson Hill, Mrs. Poshard earned certification for Gifted and Talented students and implemented the Gifted program at her school. With this new program, she was teaching gifted students in grades four through eight while also teaching first grade.

In 1984, Mrs. Poshard brought her years of experience and dedication to Carterville Community Unit School District No. 5, in Carterville, Illinois, as a third grade teacher. She has served that community by guiding, molding and enriching the lives of the boys and girls entrusted to her care from 1984 until her retirement this year.

Mrs. Poshard has demonstrated her dedication to her chosen profession of teaching in numerous ways. She has consistently devoted an average of 50 to 60 hours a week to her job, refusing to be absent unless she was extremely ill. She applies the same expectation of excellence to herself that she does to her students. The real measure of Mrs. Poshard's success lies in the accomplishments of her students. Even though she is retiring at the end of this school year, Mrs. Poshard's influence will live on in the lives of the over 1,000 students she has taught over 32 years.

Mrs. Poshard is married to one of our former colleagues, the Honorable Glenn Poshard, and lives in Murphysboro, Illinois.

Mr. Speaker, I ask my colleagues to join me in an expression of appreciation to Mrs. Josephine Poshard for her years of dedicated service to education and to wish her the very best in the future.

SUPPORT TAIWAN'S INCLUSION INTO THE WORLD HEALTH ORGANIZATION

### HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 10, 2005*

Mr. BURTON of Indiana. Mr. Speaker, I rise today in strong support of Taiwan's application for observer status as a “Health Entity” for next week's annual World Health Organization (WHO) Assembly in Geneva, Switzerland, and to respectfully encourage other international organizations to more actively engage Taiwan in their activities.

Even though Taiwan was a founding member of WHO, every May, for the past eight years, when the World Health Assembly meets to consider the acceptance of new members to the WHO, it systematically denies Taiwan access to the global health organization. Even with last year's support from the United States and Japan, Taiwan—among the leaders in Asia in important health indicators, such as life expectancy and infant mortality—was once again rejected.

Regardless of the fact that the World Health Assembly has routinely allowed observers to participate in the activities of the Organization, including the Sovereign Military Order of Malta, the Holy See, and even the Palestine Liberation Organization; regardless of the fact that Taiwan's population of almost 23,000,000 people is greater than that of ¾ of the member states already in the World Health Organization; regardless of the fact that Taiwan has repeatedly expressed a willingness to assist financially and technically in international aid and health activities supported by the WHO; and, regardless of the fact that direct and unobstructed participation in international health cooperation forums and programs is beneficial for all parts of the world, especially today with the great potential for the cross-border spread of various infectious diseases such as the human immunodeficiency virus (HIV), tuberculosis, and malaria, our European Union colleagues continue to shortsightedly side with China and exclude Taiwan.

Unfortunately, this political and diplomatic dance has had a real world cost in terms of Taiwanese lives lost during outbreaks of life threatening diseases, including Severe Acute Respiratory Syndrome (SARS) and the enterovirus epidemic in 1998. The SARS and avian influenza outbreaks should remind all of us that disease knows no boundaries and reinforce the importance of allowing all people access to the World Health Organization. As the pace of globalization quickens, the spread of infectious disease will only accelerate.

Not only will the Taiwanese benefit from membership in the WHO through engagement with the international community in the common pursuit of raising the quality of public health and providing for the welfare of its citizens, but so will their neighbors throughout

the Asia Pacific region, indeed the world, through interoperability, pooled resources, and the sharing of technical expertise. I firmly believe that Taiwan's inclusion in the WHO will help ensure global health safety and our own national security by allowing all WHO countries to more comprehensively and quickly coordinate global efforts to combat deadly outbreaks of diseases and any future epidemics.

Mr. Speaker, the people of Taiwan deserve the same level of public health as the citizens of every nation on earth, and I stand in support of their continued desire and commitment to be included in the WHO. I urge all of my colleagues to join me in encouraging the United States delegation in Geneva to stand in strong support of Taiwan's application for inclusion into the World Health Organization.

HONORING THE CONTRIBUTIONS  
OF KRISTI JACKSON, FUENTES  
ELEMENTARY SCHOOL TEACHER  
OF THE YEAR

**HON. HENRY CUELLAR**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 10, 2005*

Mr. CUELLAR. Mr. Speaker, I rise to recognize the many accomplishments of Kristi Jackson, Fuentes Elementary School Teacher of the Year.

Kristi Jackson was inspired to become a teacher by her mother, a devoted teacher herself, who taught Kristi to do the job wholeheartedly and with a great deal of compassion and a sense of humor. Kristi now teaches at the same school as her mother, joining her in their shared goal of watching their students become successful in the classroom and beyond.

Kristi Jackson is taking her mother's work a step further, answering her call to develop teacher leadership through empowerment and encouragement learned from her principal. Kristi also feels that it is her most important contribution to instill a love of reading in her students, the same love of reading she has had herself ever since her mother read her bedtime stories as a child.

Kristi hopes one day that the walls of her classroom expand beyond her students, to include all the teachers and students of her school.

I am honored to recognize Kristi Jackson as the Fuentes Elementary School Teacher of the Year. Her love for her students and fellow teachers is a credit to her school and her community.

SEX DIFFERENCES IN HEALTH  
AWARENESS DAY

**HON. LOUISE McINTOSH SLAUGHTER**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 10, 2005*

Ms. SLAUGHTER. Mr. Speaker, as part of National Women's Health Week, the Society for Women's Health Research is recognizing today as "Sex Differences in Health Awareness Day." The intent of this day is to draw attention to the biological health differences between women and men. I am proud to reflect

on this issue, and I strongly believe the importance of this day cannot be overstated.

It is true, scientists have long known about the anatomical differences between men and women. However, only within the past decade has the scientific community begun to investigate and uncover significant biological and physiological differences between men and women. From genes to behavior, women and men are now gaining greater knowledge of their unique differences. As a result, they are able to better achieve optimal healthcare.

The Society for Women's Health Research has led efforts to shed light on the distinctions in women's health. Through the Society's tireless persistence on behalf of women's health, they have engaged and supported the scientific community to investigate these dissimilarities. Over the last fifteen years, the Society has worked to ensure that women are included in clinical trials and that the analysis of research include sex differences at all levels. I commend the Society for Women's Health Research for its tireless efforts to increase understanding of sex differences and to improve the health of women.

One health issue that affects women very differently than men is cancer. In fact, every 6.4 minutes, a woman in the U.S. is diagnosed with a form of gynecologic cancer. This year, 28,000 American women are expected to die from gynecologic cancers. For example, ovarian cancer is a gynecologic cancer, and it is the fourth leading cause of cancer deaths among women in the United States. It kills more women than all other gynecologic cancers combined. The incidence of ovarian cancer has actually increased over several years. Up from 1 in 70 women in past years, ovarian cancer now occurs in 1 in 57 women. In comparison, prostate cancer mortality rates peaked in 1991 and have since decreased by about 33 percent, while deaths from ovarian cancer have risen. According to the American Cancer Society, ovarian cancer deaths rose by almost 20 percent in just one year from 2003 to 2004. While 25,500 women will be diagnosed with ovarian cancer this year, more than 16,000 women will die from the disease, including over 1,000 women in New York State.

Although there is only a 25 percent five-year survival rate when ovarian cancer is diagnosed in the later stages, if the cancer is caught before it has spread outside the ovaries, there is a greater than 90 percent survival rate of five years. However, the sad reality is that only 24 percent of ovarian cancer is caught early. Even more frustrating, early detection and treatment of ovarian cancer is oftentimes hindered due to lack of understanding by both women and their healthcare providers. Most women and healthcare professionals think ovarian cancer is asymptomatic, but new studies indicate that ovarian cancer does have symptoms, even in the early stage of the disease. Reliable screening tests do not exist for the early detection of ovarian cancer and a Pap smear only checks for cervical cancer. However, a bimanual pelvic exam, a Ca125 blood test, or a transvaginal ultrasound can help rule out ovarian cancer, but only if women and their doctors are aware of these options. With women's lives at stake, we clearly need to do a better job of educating women and, especially, their physicians, so that early detection of ovarian cancer becomes the norm.

In my district, the Buffalo-based Roswell Park Cancer Institute, RPCI, and the University of Rochester Medical Center, URMC, are supporting many research efforts on ovarian cancer. As a member of the Gynecologic Oncology Group, RPCI participates in most national trials to improve the prevention, detection and treatment of gynecologic cancers. They also collaborate in the Ovarian Cancer Early Detection Program sponsored by the National Cancer Institute. RPCI is evaluating the anti-angiogenesis factor IM862 in the treatment of recurrent ovarian carcinoma. Through the Gilda Radner Familial Ovarian Cancer Registry, RCPI collects data on familial ovarian cancer. RPCI continues to research glycoproteins and tumor markers in ovarian cancer. Researchers at the URMC are investigating tumor suppression gene identification for ovarian cancer and are conducting several phase III trials to identify treatments for women with ovarian cancer.

Despite the critical work of RPCI and URMC, ovarian cancer research and education continues to be significantly underfunded compared to other cancers. In the last 10 years, funding for prostate cancer, has increased 20 fold, while funding for ovarian cancer has only increased 2.5 percent. Not surprisingly, there has been substantial progress in prostate cancer detection and treatment, while achievements in ovarian cancer research continue to lag far behind. According to the Ovarian Cancer National Alliance, \$37 million in outstanding ovarian cancer proposals will not be funded in 2005 due to limited resources.

Ovarian cancer is one example of the disparities women face in health research, prevention, and treatment. While progress has been made in some areas in recent years, there is still much more we must do to improve women's health. We need additional resources and we need Congressional action. I am pleased to be a cosponsor of H.R. 1245, also known as Johanna's Law. This legislation will authorize a federal campaign for gynecologic cancer education designed to improve early detection. It is one important step in closing the healthcare gap between men and women, and it should be enacted without delay.

As we celebrate National Women's Health Week and the achievements made to improve the health and well being of women, I urge my colleagues to take a moment to reflect on the differences in health between men and women and encourage us to make a much stronger commitment to promoting women's health in this country.

SEX DIFFERENCES ON HEALTH  
AWARENESS DAY

**HON. CAROLYN B. MALONEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 10, 2005*

Mrs. MALONEY. Mr. Speaker, I rise today in recognition of Sex Differences in Health Awareness Day.

Scientists have long known of the anatomical differences between the sexes, but we also know that diseases and drugs can affect men and women differently.

Thanks to the efforts of the Society for Women's Health Research over the last fifteen