

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, URM, 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, RPCI collects data on familial ovarian cancer. RPCI continues to research glycoproteins and tumor markers in ovarian cancer. Researchers at the URM 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 URM, 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

years to mandate that women be included in clinical trials and that analysis of research include sex differences at all levels, from genes to behavior, women and men are now gaining greater knowledge of their unique differences and optimal health care.

Sex differences have been found everywhere from the composition of bone matter and the experience of pain to the metabolism of certain drugs and the rate of brain activity.

Through sex-based biology research, the study of biological and physiological differences between men and women, scientists have discovered many differences between men and women in terms of their health.

For example:

Heart disease kills 500,000 American women each year—over 50,000 more women than men—and strikes women, on average, ten years later than men.

Three out of four people suffering from autoimmune diseases, such as multiple sclerosis, rheumatoid arthritis, and lupus, are women.

Lung cancer is the leading cancer killer of American women, causing an estimated 25 percent of cancer deaths in women in 2004. Several studies have indicated that compared to men, women who smoke are more likely to develop lung cancer at a younger age and at lower levels of exposure to cigarette smoke.

HIV/AIDS is the fourth leading cause of death for women aged 35–44, and the sixth leading cause of death for women aged 25–34 in the United States. The efficiency of male-to-female infection of HIV is more than two times higher than that of female-to-male infection.

Women are two to three times more likely than men to suffer from depression.

Women comprise 80 percent of the population suffering from osteoporosis.

Women are two times more likely than men to contract a sexually transmitted disease.

Until the 1990s, biomedical research was firmly rooted in the male model—the belief that male biology (outside of the reproductive system) was representative of the species and that where female biology differed from male biology, it was “atypical” or “anomalous.”

Change occurred in the early 1990s to address the dearth of knowledge about female biology caused by the lack of inclusion of women in clinical research studies due to policies and practices seeking to protect the fetus from harm should a study participant become pregnant.

Now that women are included in clinical research, much has been discovered about how different women are from men.

Research on women's health can both improve and save lives. As a result of such research, death rates have decreased for women with tumors of the cervix, breast, uterus, and ovary due to advances in detection and treatment, such as the development of a cervical cancer vaccine. Quality of life has also improved for cancer patients through the development of less invasive surgical techniques, organ-sparing treatments, and better control of pain and nausea related to chemotherapy.

Additionally, research on women's health can lead to less expensive treatments and cost-saving prevention strategies. For example, the total economic value to Americans from reductions in mortality from cardiovascular disease, which strikes 50,000 more women than men each year, averaged \$1.5 trillion annually between 1970 and 1990.

Most recently, scientists have discovered significant information with respect to the leading role the X chromosome plays in the lives of both women and men. Therefore, women's health research is critical to all of us.

While progress has been made in recent years, there is still much more that Congress can do to improve women's health. The Office of Research on Women's Health, ORWH, in the Office of the Director at NIH must be fully funded so that it can continue supporting the expansion and funding of peer-reviewed Specialized Centers of Research on Sex and Gender Factors Affecting Women's Health, SCOR, and the Building Interdisciplinary Research Careers in Women's Health, BIRCWH, programs.

ORWH has taken the critical long-term lead in partnering with various NIH institutes and centers to advance research on women's health and on sex and gender factors, resulting in the following developments: the prevention of cervical cancer with an HPV vaccine; decreasing cardiovascular disease in middle-aged women by preventing recurrent episodes of depression; basic science advances in systemic Lupus Erythematosus research; and discovery of bone loss acceleration before the final menstrual period leading to an important finding related to osteoporosis-related fractures.

In addition, I urge Congress to pass legislation that I have introduced with Representative PRYCE, H.R. 949, the Women's Health Office Act, a bill to provide permanent authorization for existing offices of women's health in five federal agencies: the Department of Health and Human Services; the Centers for Disease Control and Prevention; the Agency for Healthcare Research and Quality; the Health Resources and Services Administration; and the Food and Drug Administration. This will allow these offices to carry out their important work without facing underfunding, understaffing, or elimination in the future.

Congress should further encourage NIH to update and modify its guidelines to actively promote sex differences research at all levels, including basic research in cell and tissue culture, development and study of appropriate animal models, and in early stage clinical research.

I would like to commend the Society for Women's Health Research for its research about the differences between men's and women's health needs.

HONORING DR. GERALD “CARTY” MONETTE

HON. EARL POMEROY

OF NORTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 10, 2005

Mr. POMEROY. Mr. Speaker, I rise today to honor a colleague and dear friend of mine as he retires as President of the Turtle Mountain Community College in my state of North Dakota. I have had the privilege of knowing Dr. “Carty” Monette since first being elected to Congress in 1992 and have seen firsthand the leadership and devoted service he has provided in developing the College into the strong institution that it is today.

Dr. Monette has been with the Turtle Mountain Community College ever since its incep-

tion in 1973. He served his first five years as College Director before becoming President in 1978. During his tenure, he oversaw the College's growth from a young, fledgling institution to a nationally-recognized leader in tribally-controlled post-secondary education. Not only has Dr. Monette lead the way in helping the College achieve excellence, but his efforts have also truly enhanced the entire community in Belcourt, North Dakota. After 27 great years, he will be difficult to replace.

I know that Dr. Monette will be sorely missed by all who have known his dedication to the Turtle Mountain Band of Chippewa in North Dakota and American Indians across the nation. I offer him my congratulations and best wishes for his continued success and happiness in his well-earned retirement years.

HONORING THE CONTRIBUTIONS OF NADINE HOGAN BUDA ELE- MENTARY 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 Nadine Hogan, Buda Elementary School Teacher of the Year.

Nadine Hogan is a self-described “crooked flyer.” She achieved a Masters degree in Accounting, going through the motions of higher education because she felt it was what she was “supposed” to do. Nadine always loved children, and wanted to help those “flying crooked.” After graduate school, she spent time working as a therapist with children in foster care.

In 1999, she responded to an urgent call for additional teachers. She became a Special Educator because there were children who needed help, help she knew she could provide. Nadine Hogan can always get a child ready to learn by focusing on life lessons students can apply to every facet of their education.

Students have a high regard for Nadine because of the “fun” they have in her classes. She loves her kids, and she loves her job.

I am honored to recognize the Nadine Hogan as the Buda Elementary School Teacher of the Year. Her hard work and passion have left a lasting contribution with each of her students.

HONORING ZEE FERRUFFINO AND KBNO RADIO

HON. MARK UDALL

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 10, 2005

Mr. UDALL of Colorado. Mr. Speaker, I rise today to honor a great Colorado businessman and community leader, Zee Ferruffino. Mr. Ferruffino is the owner and CEO of Latino Communications which is the parent company to KBNO 1280AM Radio in Denver.

KBNO “Que Bueno” has long been the leader in Denver's Hispanic radio market reaching over half a million people in the Denver metro area. Recently, for the first time in