

2142, a bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to reimburse veterans receiving emergency treatment in non-Department of Veterans Affairs facilities for such treatment until such veterans are transferred to Department facilities, and for other purposes.

S. 2314

At the request of Mr. SALAZAR, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 2314, a bill to amend the Internal Revenue Code of 1986 to make geothermal heat pump systems eligible for the energy credit and the residential energy efficient property credit, and for other purposes.

S. 2606

At the request of Mr. DODD, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 2606, a bill to reauthorize the United States Fire Administration, and for other purposes.

S. 2712

At the request of Mr. DEMINT, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 2712, a bill to require the Secretary of Homeland Security to complete at least 700 miles of reinforced fencing along the Southwest border by December 31, 2010, and for other purposes.

S. 2716

At the request of Mr. DOMENICI, the names of the Senator from Alabama (Mr. SESSIONS), the Senator from Texas (Mr. CORNYN), the Senator from Louisiana (Mr. VITTER) and the Senator from South Carolina (Mr. DEMINT) were added as cosponsors of S. 2716, a bill to authorize the National Guard to provide support for the border control activities of the United States Customs and Border Protection of the Department of Homeland Security, and for other purposes.

S. 2718

At the request of Mr. BARRASSO, the name of the Senator from South Carolina (Mr. DEMINT) was added as a cosponsor of S. 2718, a bill to withhold 10 percent of the Federal funding apportioned for highway construction and maintenance from States that issue driver's licenses to individuals without verifying the legal status of such individuals.

S. 2720

At the request of Mr. SPECTER, the names of the Senator from Texas (Mr. CORNYN), the Senator from Alabama (Mr. SESSIONS), the Senator from South Carolina (Mr. DEMINT), the Senator from Louisiana (Mr. VITTER) and the Senator from Oklahoma (Mr. INHOFE) were added as cosponsors of S. 2720, a bill to withhold Federal financial assistance from each country that denies or unreasonably delays the acceptance of nationals of such country who have been ordered removed from the United States and to prohibit the issuance of visas to nationals of such country.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BIDEN (for himself, Mr. LUGAR, Mr. KENNEDY, and Mr. SUNUNU):

S. 2731. A bill to authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes; to the Committee on Foreign Relations.

Mr. BIDEN. Mr. President, today I am pleased to join Senators LUGAR, KENNEDY, and SUNUNU in introducing legislation to reauthorize our Government's effort to combat HIV/AIDS, tuberculosis, and malaria overseas. Entitled the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008—in recognition of the great service to this issue by our recently departed friends from the House of Representatives—the bill would continue and expand the revolutionary public health program begun 5 years ago at the initiative of President Bush.

In his State of the Union address in 2003, the President announced a dramatic proposal—to spend \$15 billion over 5 years to combat HIV/AIDS globally, particularly in sub-Saharan Africa, which has been hardest hit by the pandemic. Congress responded promptly, authorizing the full amount requested by the President just a few months later.

In the last 5 years, the work of the U.S. Government and its implementing partners around the world has been nothing short of miraculous. Well over a million people have been saved from almost certain death by the provision of anti-retroviral drugs. Mr. President, 150,000 babies have been born without HIV because of efforts to prevent the transmission of the disease from mothers who were so infected. Millions of people suffering from AIDS have received treatment and care. Over two million orphans and vulnerable children have received care, education and support. Across Africa, in communities large and small, we have given millions of people hope for a better and longer life.

Even the most optimistic among us would not have predicted these dramatic results. History will record that this was President Bush's finest hour—he challenged our Government, and the governments in Africa, to respond to one of the most profound crises of our time. They have met and exceeded that challenge. While implementation of the program has not been problem-free, it has proceeded at a pace and scale that was unimaginable to most of us. The credit for this success goes to thousands of dedicated people serving here and abroad, and to the American people, for their generosity in supporting this program.

We cannot, however, rest on this success. We have made progress, but the disease is still winning. Thousands of

new infections occur every day. For every person enrolled in a treatment program last year, six more became infected.

Last spring, the President challenged us again—to reauthorize the program at a level of \$30 billion over the next 5 years. In the course of last summer and fall, the Committee on Foreign Relations has closely reviewed the President's request and the operation of our current programs. To review the programs in the field, teams of committee staff traveled to most of the 15 “focus” countries that have received the bulk of the funding. They visited dozens of clinics, hospitals, and care centers. They talked to hundreds of government officials, community members and health staff working against the disease, people living with HIV/AIDS, and children orphaned by the disease. We have learned what is working—and more important, what is not working. Last fall, the committee held formal hearings to take testimony from experts from within and without the Government. The committee has also closely reviewed numerous studies performed by government agencies and nongovernmental organizations working in this field.

The Congress is now ready to act, and we are ready to respond to the President's call. The bill that we introduce today will reauthorize the Global HIV/AIDS programs for the next 5 fiscal years. It will provide authorization of appropriations of \$50 billion over this period, of which \$9 billion is devoted to fighting malaria and tuberculosis, two diseases that are also major causes of death in the developing world. This higher figure is justified because the President's figure of \$30 billion is too low—it will barely keep pace with inflation, as we are already funding current programs at a rate above \$6 billion a year. Additionally, the President's request dealt only with HIV/AIDS, although the initial legislation in 2003 covered all three deadly diseases.

The bill that we introduce will keep the basic framework of the program intact, but makes important adjustments based on lessons learned over the past 5 years. First, the bill removes most earmarks in the original law that delineated the percentages that should be devoted to treatment, to care, and to prevention. A major, congressionally mandated study by the Institute of Medicine, as well as one by the Government Accountability Office, concluded that these earmarks unduly limit flexibility for the people implementing the programs. We need to lift these restrictions in order to let our Government and local officials tailor their responses to local conditions. The only earmark that is retained is a 10 percent allocation for orphans and vulnerable children, for which there appears to be universal support.

The bill also seeks to coordinate our HIV/AIDS programs with other health and development programs. The disease does not exist in a vacuum. Across the

developing world, people afflicted with HIV/AIDS face many other health and economic challenges. We need to better coordinate all of our health programs to promote efficiencies and expand the number of people we reach. Nutrition is the best example of how we could positively affect people's lives by improving our coordination. The bill promotes local health capacity—an enormous challenge in Africa in combating this disease. Further, the bill pushes the U.S. Government to plan for the long-term. We need to move from responding to an emergency toward building sustainability—so our local partners that have the resources can take over this effort, with our technical assistance.

Perhaps most important, this legislation attempts to put major emphasis on prevention. Simply put, we cannot win the fight against HIV/AIDS unless we expand and improve efforts to prevent its spread. Such efforts must include the so-called “ABC” approach—abstinence, being faithful, and proper use of condoms. But they must involve much more; in some places successful prevention will require major societal and cultural change that must be initiated and led by local governments and leaders.

Last week, the House Committee on Foreign Affairs approved a reauthorization bill on a bipartisan basis. The legislation was sponsored by the acting chairman, Mr. BERMAN, and the ranking member, Ms. ROS-LEHTINEN. It is endorsed by the President, who, having just returned from visiting Africa, personally urged several of us to act quickly on the reauthorization bill. The bill that we introduce today mirrors the compromise in the House in several major respects, which will facilitate a prompt conference with the other body.

In partnership with Senator LUGAR, who chaired our committee when the original legislation was approved in 2003, I have scheduled a markup in the Committee on Foreign Relations next week. I am hopeful of strong support to report the bill, and that the full Senate will act on the bill soon after the Easter recess.

By Mr. BOND (for himself, Mr. ISAKSON, Mr. ALEXANDER, Mrs. DOLE, Mr. MCCONNELL, Mr. ALLARD, Mr. CHAMBLISS, Mr. CORNYN, Mr. CRAIG, Mr. HATCH, Mr. INHOFE, Mr. STEVENS, Ms. MURKOWSKI, and Mr. COLEMAN):

S. 2734. A bill to aid families and neighborhoods facing home foreclosure and address the subprime mortgage crisis; read the first time.

Mr. BOND. Mr. President, as I described last Friday, too many families in Missouri and across the Nation are feeling the pain of this Housing crisis, and they need our help now. We have 57,000 people in Missouri delinquent on their mortgages, with 20 percent of Missouri subprime borrowers behind on their payments. These families, unfor-

tunately, similar to many across America in I imagine almost every State, can least afford higher housing costs as they are being hit with higher heating bills, higher health care costs, and more pain at the gas pump.

That is why today I, in partnership with Senator ISAKSON, Senator COLEMAN, and several other Republican colleagues, will proudly introduce the Security Against Foreclosure and Education, or SAFE, Act of 2008. This bill focuses solely on the housing needs of our families and neighborhoods.

A growing economy free of excess litigation and cumbersome regulation will help the most people find the most good-paying jobs and the relief they need. The HOME Act we introduced last week on our side included both housing relief provisions as well as tax relief for American families, litigation reform, and capital markets reform.

However, we do not want Congress to lose sight of the housing crisis that too many American people are facing and the help they need right now. Therefore, we are introducing this measure today to focus solely on the housing help our families and neighborhoods need.

Last week, I spoke about one person in need, suffering in the current subprime mortgage meltdown. That was Willie Clay of Kansas City, MO, a Vietnam vet unable to meet rising variable mortgage payments. Unfortunately, there are many more like him.

Today I share with my colleagues the story of Katherine Gwinn of St. Louis, MO. Her story appeared in the St. Louis Dispatch last year. She is a disabled 53 year old living on Social Security and disability payments. Mrs. Gwinn refinanced her home three times to get lower payments and help pay off debt. Her subprime loan's initial fixed rate expired after 1 year. Since then, her payments have gone up 40 percent, now taking a large chunk of her \$916 monthly income.

Ms. Gwinn said the last time she refinanced, her mortgage broker fast-talked her into a subprime loan with provisions she did not understand. The result is her variable rate payments are now at \$566 per month. As I said earlier, Ms. Gwinn's monthly income of Social Security and disability payments is only \$916 per month. How many of us could pay for food, gas, medicine, and heating bills on the remaining \$350 per month? That is why I believe so strongly that we need to help folks such as Katherine Gwinn across the Nation.

First, the Republican SAFE Act will help folks such as Katherine Gwinn and Willie Clay with \$10 billion to State housing finance authorities to refinance distressed subprime mortgages. Our proposal would authorize the State housing finance agencies to issue \$10 billion in tax-exempt bonds and use the proceeds to help refinance subprime mortgages, refinancing them at or near the original level which they could afford.

Secondly, in order to help families avoid foreclosure and keep them in their homes, we propose to expedite the delivery of \$180 million approved by Congress in December to assure counseling help to families in distress. As I announced last week, the first block of these funds has gone out, and we will ensure that remaining funds are delivered as quickly as possible after we can confirm that counseling is having the desired effect. This counseling is important because borrowers need to know and lenders need to know the best way to get out of this crisis is not to have foreclosures that throw families out of their homes. That not only hurts the family, it hurts the lender because they have to spend money on foreclosures, and it drives down the price of housing that is in their stock. In addition, it hurts communities, because when you have a community with significant numbers of foreclosures, you put a blanket of debt and hopelessness on communities which cannot remain viable.

Thirdly, we support helping struggling neighborhoods by providing \$15,000 in tax credits available over 3 years for purchasing a home in or approaching foreclosure. This provision, initially proposed by Senator ISAKSON, will help neighbors take down foreclosure signs and stop the slide in property values. We also support the so-called net operating loss carryback tax provisions to help firms that suffered operating losses lower their tax burden, so we enable homebuilders to get through this crisis.

Our proposal includes no new loan disclosure requirements for prominent and plain English explanation of key loan conditions. Anybody who has purchased a house recently knows you are confronted with a stack of papers a half a foot high, with all kinds of legal gobbledeygook and with provisions, if you looked hard enough, that may tell you what is going to happen to you if you borrow the money. Most of it is legalese that we as lawyers—and I admit to having been one—like to put in to cover every possible contingency. What borrowers need to see is in big type: “Teaser, introductory rates,” their payments, and when it expires. They need to know that if they are agreeing to an adjustable rate, what that rate could be and how much the new payment penalty will be or if there is going to be a repayment penalty. That information needs to be portrayed on the first page so you can see on the first page what you are getting into and how much it would cost you to get out. They will be reminded that there is no guarantee they will be able to refinance their loan before the introductory rate expires.

These are the very things Katherine Gwinn and Willie Clay and thousands of borrowers did not understand when they agreed to their loans. We hope this will protect future families who want their share of the American dream.

I also believe that providing the tax credit will help many first-time homeowners get into a house and give them the extra cash they need to be able to meet their mortgage payments.

Now, there are two new provisions added to our measure that we did not introduce last week. Senator COLEMAN provided language to give returning war veterans more time to avoid home foreclosure. Currently, they have a 3-month window from their return to the private sector to work out any mortgage difficulties they may have. That may not be enough time for a vet newly returned from the war zone and dealing with a host of family and financial problems. Our proposal would extend the returned war veteran protection against foreclosure to 6 months after they return.

We have also introduced provisions of the Federal Housing Act reform bill that passed the Senate 93 to 1 last year. That bipartisan, near unanimous reform bill deserves to become law, and it will assist the FHA in stepping up to the plate in many areas where that agency can provide the kind of help and assistance we initially intended it to provide.

Now, in contrast to the housing proposal introduced on the other side, Republicans will avoid making home ownership more expensive, especially for low-income families, through harmful bankruptcy changes that increase the cost of borrowing or encourage costly litigation.

If we put in law the fact that bankruptcy judges will be able to cram down on lenders' onerous terms that were not included in the initial mortgage, they will find that mortgage companies may increase their rates by 1.5 to 2 percent. That could mean at least 6 million Americans would no longer be able to afford a mortgage to buy the home they need.

Also, we will oppose plowing billions of dollars into big Government programs that will not help our neediest families now. We will also oppose adding more dollars to programs that are still flush with funds that were given them in December.

Together, these housing proposals will help families such as those of Katherine Gwinn and Willie Clay and neighborhoods across the country get through this crisis. I urge my colleagues to support it, and I invite all colleagues on both sides of the aisle to join with us to see if we cannot pass something that will provide relief now for the many families across this Nation who are suffering because of the subprime mortgage meltdown and the resulting financial pressures it puts on the lending industry and, through them, to the families themselves.

This is the time. Now is the time for congressional action. I hope that with a broad coalition of my colleagues, we will be able to make these additions and provide assistance to suffering American families.

By Mr. REED (for himself and Mr. HAGEL):

S. 2735. A bill to establish the Council on Healthy Housing, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. REED. Mr. President, I introduce, along with Senator HAGEL, the Healthy Housing Council Act of 2008. This legislation would establish an independent interagency Council on Healthy Housing in the executive branch. The bill would improve the coordination of existing but fragmented programs, so that families can access Government programs and services in a more efficient and effective manner.

According to the Department of Housing and Urban Development, more than 6 million households live in housing with moderate or severe heating, plumbing, or electric hazards. This count of moderate or severe physical problems does not even include significant lead-based paint hazards, which persist in 24 million, or approximately four times as many, households.

Low-income and minority individuals and families are disproportionately affected by housing-related health hazards. We know that residents of poorly designed, constructed, or maintained housing are at greater risk for serious illnesses and injuries, including cancer, carbon monoxide poisoning, burns, falls, rodent bites, childhood lead poisoning, and asthma. According to the Centers for Disease Control and Prevention, non-Hispanic Blacks and Mexican-Americans are three times as likely to have elevated blood-lead levels, compared to non-Hispanic whites. About 1.2 million housing units with significant lead-based paint hazards house low-income families with children under 6 years of age.

If the disease and injury toll taken on our Nation's individuals and families, particularly our children, is not enough to demonstrate the need for coordinated Federal Government action on housing-related health hazards, consider some of the annual costs.

According to research at the Mount Sinai Children's Environmental Health Center, annual costs for environmentally attributable childhood diseases in the U.S. total an estimated \$54.9 billion. That number is approximately 3 percent of total health care costs.

The good news is that low-cost preventative measures can have dramatic effects. For example, properly installing and maintaining a smoke alarm can cut the risk of fire death in half. The Centers for Disease Control and Prevention estimates that providing healthy housing to American families will help prevent 20 million asthma cases, 240,000 incidents of elevated blood-lead levels in young children, 14,000 burn injuries, and 21,000 radon-associated lung cancer deaths.

While there are many programs in place to address housing-related health hazards, these programs are fragmented and spread across many agencies, making it difficult for at-risk families to access assistance or to re-

ceive the comprehensive information they need. It is time for better coordination.

This bill authorizes \$750,000 for each of fiscal years 2009 to 2013 for an independent Council on Healthy Housing, which would bring Federal, State, and local government representatives, as well as industry and nonprofit representatives, to the table at least once a year.

The council would review, monitor, and evaluate existing housing, health, energy, and environmental programs. The council would then make recommendations to reduce duplication, ensure collaboration, identify best practices, and develop a comprehensive healthy housing research agenda.

In order to ensure that members of the public are informed of and benefit from the council's activities, the council would hold biannual stakeholder meetings, keep an updated Web site, and work towards unified healthy housing data collection and maintenance.

While there is a growing consensus on ways to help communities make housing healthier, there is also a lack of coordinated programs and information, which has made it difficult for the public to access research and data. By creating this council, we can provide a sorely needed forum for otherwise disparate health and housing experts, whether in the Government, private, or nonprofit sector, to share their experiences, successes, and agendas for the future.

The Healthy Housing Council Act will help us start working towards a time when an affordable, decent, and healthy home will be not just the American dream, but the American promise. I hope my colleagues will join me and Senator HAGEL in supporting this bipartisan bill and other healthy housing efforts.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2735

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Healthy Housing Council Act of 2008".

SEC. 2. FINDINGS.

Congress finds the following:

- (1) In the United States—
 - (A) 6,000,000 households live in homes with moderate or severe physical hazards;
 - (B) 24,000,000 homes have significant lead-based paint hazards;
 - (C) 11,000,000 homes have had leaks in the last 12 months;
 - (D) 6,000,000 homes have had signs of mice in the last 3 months; and
 - (E) 1 in 15 homes have dangerous levels of radon.
- (2) Residents of housing that is poorly designed, constructed, or maintained are at risk for cancer, carbon monoxide poisoning,

burns, falls, rodent bites, childhood lead poisoning, asthma, and other illnesses and injuries. Vulnerable subpopulations, such as children and the elderly, are at elevated risk for housing-related illnesses and injuries.

(3) Because substandard housing typically poses the greatest risks, the disparities in the distribution of housing-related health hazards are striking. 1,200,000 housing units with significant lead-based paint hazards house low-income families with children under 6 years of age.

(4) Minority populations also tend to be disproportionately affected by housing-related illnesses, including lead poisoning and asthma. According to the Centers for Disease Control and Prevention, non-Hispanic blacks and Mexican Americans are approximately 3 times as likely to have elevated blood-lead levels, compared to non-Hispanic whites. The non-Hispanic black population has an asthma mortality rate 3 times greater than the rate for the non-Hispanic white population.

(5) The annual costs for environmentally attributable childhood diseases in the United States, including lead poisoning, asthma, and cancer, total \$54,900,000,000. This amount is approximately 3 percent of total health care costs.

(6) Appropriate housing design, construction, and maintenance, timely correction of deficiencies, planning efforts, and low-cost preventative measures can reduce the incidence of serious injury or death, improve the ability of residents to survive in the event of a major catastrophe, and contribute to overall well-being and mental health. Housing units that are kept lead-safe are approximately 25 percent less likely to have another child with elevated blood lead levels. Properly installed and maintained smoke alarms reduce the risk of fire deaths by 50 percent.

(7) Providing healthy housing to families and individuals in the United States will help prevent an estimated 240,000 elevated blood lead levels in young children, 11,000 unintentional injury deaths, 12,000,000 nonfatal injuries, 3,000 deaths in house fires, 14,000 burn injuries, and 21,000 radon-associated lung cancer deaths that occur in United States housing each year, as well as 20,000,000 asthma cases and 14,000,000 missed school days.

(8) While there are many programs in place to address housing-related health hazards, these programs are fragmented and spread across many agencies, making it difficult for at-risk families and individuals to access assistance or to receive comprehensive information.

(9) Better coordination among Federal agencies is needed, as is better coordination at State and local levels, to ensure that families and individuals can access government programs and services in an effective and efficient manner.

SEC. 3. DEFINITIONS.

In this Act, the following definitions shall apply:

(1) **COUNCIL.**—The term “Council” means the Interagency Council on Healthy Housing established under section 4.

(2) **HOUSING.**—The term “housing” means any form of residence, including rental housing, homeownership, group home, or supportive housing arrangement.

(3) **HEALTHY HOUSING.**—The term “healthy housing” means housing that is designed, constructed, rehabilitated, and maintained in a manner that supports the health of the occupants of such housing.

(4) **HOUSING-RELATED HEALTH HAZARD.**—The term “housing-related health hazard” means any biological, physical, or chemical source of exposure or condition either in, or immediately adjacent to, housing, that can adversely affect human health.

(5) **LOW-INCOME FAMILIES AND INDIVIDUALS.**—The term “low-income families and individuals” means any household or individual with an income at or below 200 percent of the Federal poverty line.

(6) **POVERTY LINE.**—The term “poverty line” means the official poverty line defined by the Office of Management and Budget based on the most recent data available from the Bureau of the Census.

(7) **PROGRAM.**—The term “program” includes any Federal, State, or local program providing housing or financial assistance, health care, mortgages, bond and tax financing, homebuyer support courses, financial education, mortgage insurance or loan guarantees, housing counseling, supportive services, energy assistance, or other assistance related to healthy housing.

(8) **SERVICE.**—The term “service” includes public and environmental health services, housing services, energy efficiency services, human services, and any other services needed to ensure that families and individuals in the United States have access to healthy housing.

SEC. 4. INTERAGENCY COUNCIL ON HEALTHY HOUSING.

(a) **ESTABLISHMENT.**—There is established in the executive branch an independent council to be known as the Interagency Council on Healthy Housing.

(b) **OBJECTIVES.**—The objectives of the Council are as follows:

(1) To promote the supply of and demand for healthy housing in the United States through capacity building, technical assistance, education, and public policy.

(2) To promote coordination and collaboration among the Federal departments and agencies involved with housing, public health, energy efficiency, emergency preparedness and response, and the environment to improve services for families and individuals residing in inadequate or unsafe housing and to make recommendations about needed changes in programs and services with an emphasis on—

(A) maximizing the impact of existing programs and services by transitioning the focus of such programs and services from categorical approaches to comprehensive approaches that consider and address multiple housing-related health hazards;

(B) reducing or eliminating areas of overlap and duplication in the provision and accessibility of such programs and services;

(C) ensuring that resources, including assistance with capacity building, are targeted to and sufficient to meet the needs of high-risk communities, families, and individuals; and

(D) facilitating access by families and individuals to programs and services that help reduce health hazards in housing.

(3) To identify knowledge gaps, research needs, and policy and program deficiencies associated with inadequate housing conditions and housing-related illnesses and injuries.

(4) To help identify best practices for achieving and sustaining healthy housing.

(5) To help improve the quality of existing and newly constructed housing and related programs and services, including those programs and services which serve low-income families and individuals.

(6) To establish an ongoing system of coordination among and within such agencies or organizations so that the healthy housing needs of families and individuals are met in a more effective and efficient manner.

(c) **MEMBERSHIP.**—The Council shall be composed of the following members:

(1) The Secretary of Health and Human Services.

(2) The Secretary of Housing and Urban Development.

(3) The Administrator of the Environmental Protection Agency.

(4) The Secretary of Energy.

(5) The Secretary of Labor.

(6) The Secretary of Veterans Affairs.

(7) The Secretary of the Treasury.

(8) The Secretary of Agriculture.

(9) The Secretary of Education.

(10) The head of any other Federal agency as the Council considers appropriate.

(11) 6 additional non-Federal employee members, as appointed by the President to serve terms not to exceed 2 years, of whom—

(A) 1 shall be a State or local Government Director of Health or the Environment;

(B) 1 shall be a State or local Government Director of Housing or Community Development;

(C) 2 shall represent nonprofit organizations involved in housing or health issues; and

(D) 2 shall represent for-profit entities involved in the housing, banking, or health insurance industries.

(d) **CO-CHAIRPERSONS.**—The co-Chairpersons of the Council shall be the Secretary of Housing and Urban Development and the Secretary of Health and Human Services.

(e) **VICE CHAIR.**—Every 2 years, the Council shall elect a Vice Chair from among its members.

(f) **MEETINGS.**—The Council shall meet at the call of either co-Chairperson or a majority of its members at any time, and no less often than annually.

SEC. 5. FUNCTIONS OF THE COUNCIL.

(a) **RELEVANT ACTIVITIES.**—In carrying out the objectives described in section 4(b), the Council shall—

(1) review Federal programs and services that provide housing, health, energy, or environmental services to families and individuals;

(2) monitor, evaluate, and recommend improvements in existing programs and services administered, funded, or financed by Federal, State, and local agencies to assist families and individuals in accessing healthy housing and make recommendations about how such agencies can better work to meet the healthy housing and related needs of low-income families and individuals; and

(3) recommend ways to—

(A) reduce duplication among programs and services by Federal agencies that assist families and individuals in meeting their healthy housing and related service needs;

(B) ensure collaboration among and within agencies in the provision and availability of programs and services so that families and individuals are able to easily access needed programs and services;

(C) work with States and local governments to better meet the needs of families and individuals for healthy housing by—

(i) holding meetings with State and local representatives; and

(ii) providing ongoing technical assistance and training to States and localities in better meeting the housing-related needs of such families and individuals;

(D) identify best practices for programs and services that assist families and individuals in accessing healthy housing, including model—

(i) programs linking housing, health, environmental, human, and energy services;

(ii) housing and remodeling financing products offered by government, quasi-government, and private sector entities;

(iii) housing and building codes and regulatory practices;

(iv) existing and new consensus specifications and work practices documents;

(v) capacity building and training programs that help increase and diversify the supply of practitioners who perform assessments of housing-related health hazards and

interventions to address housing-related health hazards; and

(vi) programs that increase community awareness of, and education on, housing-related health hazards and available assessments and interventions;

(E) develop a comprehensive healthy housing research agenda that considers health, safety, environmental, and energy factors, to—

(i) identify cost-effective assessments and treatment protocols for housing-related health hazards in existing housing;

(ii) establish links between housing hazards and health outcomes;

(iii) track housing-related health problems including injuries, illnesses, and death;

(iv) track housing conditions that may be associated with health problems;

(v) identify cost-effective protocols for construction of new healthy housing; and

(vi) identify replicable and effective programs or strategies for addressing housing-related health hazards;

(4) hold biannual meetings with stakeholders and other interested parties in a location convenient for such stakeholders (or hold open Council meetings) to receive input and ideas about how to best meet the healthy housing needs of families and individuals;

(5) maintain an updated website of policies, meetings, best practices, programs and services, making use of existing websites as appropriate, to keep people informed of the Council's activities; and

(6) work with member agencies to collect and maintain data on housing-related health hazards, illnesses, and injuries so that all data can be accessed in 1 place and to identify and address unmet data needs.

(b) REPORTS.—

(1) BY MEMBERS.—Each year the head of each agency who is a member of the Council shall prepare and transmit to the Council a report that briefly summarizes—

(A) each healthy housing-related program and service administered by the agency and the number of families and individuals served by each program or service, the resources available in each program or service, as well as a breakdown of where each program and service can be accessed;

(B) the barriers and impediments, including statutory or regulatory, to the access and use of such programs and services by families and individuals, with particular attention to the barriers and impediments experienced by low-income families and individuals;

(C) the efforts made by each agency to increase opportunities for families and individuals, including low-income families and individuals, to reside in healthy housing, including how the agency is working with other agencies to better coordinate programs and services; and

(D) any new data collected by each agency relating to the healthy housing needs of families and individuals.

(2) BY THE COUNCIL.—Each year the Council shall prepare and transmit to the President and the Congress, a report that—

(A) summarizes the reports required in paragraph (1);

(B) utilizes recent data to assess the nature of housing-related health hazards, and associated illnesses and injuries, in the United States;

(C) provides a comprehensive and detailed description of the programs and services of the Federal Government in meeting the needs and problems described in subparagraph (B);

(D) describes the activities and accomplishments of the Council in working with Federal, State, and local governments, non-profit organizations and for-profit entities in

coordinating programs and services to meet the needs described in subparagraph (B) and the resources available to meet those needs;

(E) assesses the level of Federal assistance required to meet the needs described in subparagraph (B); and

(F) makes recommendations for appropriate legislative and administrative actions to meet the needs described in subparagraph (B) and for coordinating programs and services designed to meet those needs.

SEC. 6. POWERS OF THE COUNCIL.

(a) HEARINGS.—The Council may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Council considers advisable to carry out the purposes of this Act.

(b) INFORMATION FROM AGENCIES.—Agencies which are represented on the Council shall provide all requested information and data to the Council as requested.

(c) POSTAL SERVICES.—The Council may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

(d) GIFTS.—

(1) The Council may accept, use, and dispose of gifts or donations of services or property.

(2) The Council shall adopt internal regulations governing the receipt of gifts or donations of services or property similar to those described in part 2601 of title 5, Code of Federal Regulations.

(e) CONTRACTS AND INTERAGENCY AGREEMENTS.—The Council may enter into contracts with State, Tribal, and local governments, public agencies and private-sector entities, and into interagency agreements with Federal agencies. Such contracts and interagency agreements may be single-year or multi-year in duration.

SEC. 7. COUNCIL PERSONNEL MATTERS.

(a) COMPENSATION OF MEMBERS.—

(1) NON-FEDERAL EMPLOYEES.—A member of the Council who is not an officer or employee of the Federal Government shall be reasonably compensated for that member's participation in the Council, including reimbursement for travel expenses as described in subsection (b).

(2) FEDERAL EMPLOYEES.—A member of the Council who is an officer or employee of the United States shall serve without compensation in addition to the compensation received for services of the member as an officer or employee of the Federal Government.

(b) TRAVEL EXPENSES.—The members of the Council shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Council.

(c) STAFF.—

(1) EXECUTIVE DIRECTOR.—The Council shall appoint an Executive Director at its initial meeting. The Executive Director shall be compensated at a rate not to exceed the rate of pay payable for level V of the Executive Schedule under section 5316 of title 5, United States Code.

(2) COMPENSATION.—With the approval of the Council, the Executive Director may appoint and fix the compensation of such additional personnel as necessary to carry out the duties of the Council. The rate of compensation may be set without regard to the provisions of chapter 51 and subchapter II of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(d) TEMPORARY AND INTERMITTENT SERVICES.—In carrying out its objectives, the Council may procure temporary and intermittent services of consultants and experts under section 3109(b) of title 5, United States Code, at rates for individuals which do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) DETAIL OF GOVERNMENT EMPLOYEES.—Upon request of the Council, any Federal Government employee may be detailed to the Council without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(f) ADMINISTRATIVE SUPPORT.—The Secretary of Housing and Urban Development shall provide the Council with such administrative (including office space) and supportive services as are necessary to ensure that the Council can carry out its functions.

SEC. 8. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to carry out this Act, \$750,000 for each of fiscal years 2009 through 2013.

(b) AVAILABILITY.—Amounts authorized to be appropriated by subsection (a) shall remain available for the 2 fiscal years following such appropriation.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 476—DESIGNATING MARCH 25, 2008, AS “GREEK INDEPENDENCE DAY: A NATIONAL DAY OF CELEBRATION OF GREEK AND AMERICAN DEMOCRACY”

Mr. SPECTER (for himself, Mr. STEVENS, Mr. LEVIN, Mr. LIEBERMAN, Mr. MENENDEZ, Ms. MIKULSKI, Ms. MURKOWSKI, Mr. REED, Mr. REID, Mr. SCHUMER, Mr. SMITH, Ms. SNOWE, Mr. BIDEN, Mr. LEAHY, Mr. ALLARD, Mr. BENNETT, Mr. BINGAMAN, Mrs. BOXER, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mrs. CLINTON, Mr. COCHRAN, Mr. CRAIG, Mrs. DOLE, Mr. DOMENICI, Mr. DORGAN, Mr. DURBIN, Mr. FEINGOLD, Mrs. FEINSTEIN, Mr. GREGG, Mr. HAGEL, Mr. ISAKSON, Mr. JOHNSON, Mr. KENNEDY, Mr. KERRY, Mr. KOHL, Mr. CHAMBLISS, Mr. SUNUNU, Mr. WHITEHOUSE, Mr. ROCKEFELLER, Mr. WARNER, Mr. OBAMA, Mr. VOINOVICH, Mr. COLEMAN, Mr. DODD, Mr. LUGAR, Mr. LAUTENBERG, Mr. BROWN, Mrs. MURRAY, Mr. BAYH, Mr. MARTINEZ, Mr. INOUBE, and Mr. SALAZAR) submitted the following resolution; which was considered and agreed to:

S. RES. 476

Whereas the ancient Greeks developed the concept of democracy, in which the supreme power to govern was vested in the people;

Whereas the Founding Fathers of the United States drew heavily on the political experience and philosophy of ancient Greece in forming a representative democracy;

Whereas Greek Commander in Chief Petros Mavromichalis, a founder of the modern Greek state, said to the citizens of the United States in 1821 that “it is in your land that liberty has fixed her abode and . . . in imitating you, we shall imitate our ancestors and be thought worthy of them if we succeed in resembling you”;

Whereas, during World War II, Greece played a major role in the struggle to protect freedom and democracy by bravely