

Modernization Act, and specifically section 103 that addresses a disturbing trend in taxpayer federally subsidized housing.

Last summer, HUD's inspector general published an audit revealing that over 25,000 recipients of taxpayer-supported housing actually exceeded the maximum allowable income to qualify for housing assistance. Importantly, roughly triple that number is on a wait list for housing. In fact, those on the wait list are economically qualified.

Worse, to pay for these over-income tenants, American taxpayers—you and I—are on the hook for \$104 million next year. While hundreds of thousands of desperate low-income American families legitimately in need of taxpayer-supported housing today sit on those lists idly waiting for much-needed help, tens of thousands of over-income tenants sit in taxpayer-supported housing.

In one instance, a New York family with an income of nearly \$500,000 is receiving taxpayer-subsidized public housing. In Nebraska, an individual with double the income limit and \$1.6 million in assets is living in taxpayer-supported housing, paying \$300 a month. In my home State of Florida, we have many cases as well.

It is very clear that eliminating this kind of waste, fraud, and abuse is the reason that we serve today. It is critical that we do so.

A combination of inadequate congressional directives and an indifferent Federal bureaucracy has let down the American people—the people who trust Congress to responsibly and effectively allocate tax dollars. It has also let down the low-income families on the wait list who are hoping for an opportunity to climb out of poverty.

I am pleased that the House acted responsibly yesterday to pass legislation to stop this failed policy. Section 103 of the Housing Opportunity Through Modernization Act sets clear requirements for HUD and, now, for local housing authorities.

Under this section, households currently in public housing whose income exceeds 120 percent of the median income level for 2 consecutive years will no longer be permitted to receive taxpayer assistance. Further, public housing authorities will be required to report annually to Congress and the American people on tenant incomes so that we might maintain proper oversight of this program.

These are reasonable reforms that bring accountability to a Federal program that desperately needs it, ensures a smooth pathway for over-income households to a reasonable transition off of taxpayer assistance, and should create new opportunities for those on the wait list.

I am also pleased to see that HUD is finally taking steps to address this matter. It is far too late, but at least they are. Just yesterday, the agency announced that it will consider a much-needed new rule to strengthen

oversight of over-income tenancy in public housing.

Mr. Speaker, we should not rest until we can be sure that taxpayer dollars, those of the men and women who entrust us to represent them, are going to support only those American families most in need of assistance.

We still have much work remaining, but with passage of the Housing Opportunity Through Modernization Act, we have made a very important first step. Let us, together, hope that the Senate and the President will join with us in this important work on behalf of the American taxpayers that we represent.

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#### AMERICAN HEART ASSOCIATION: GO RED FOR WOMEN

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Ohio (Mrs. BEATTY) for 5 minutes.

Mrs. BEATTY. Mr. Speaker, today I rise in support of the American Heart Association's Go Red for Women campaign.

The Go Red for Women campaign is a critical public awareness platform that the American Heart Association uses to help promote heart-healthy lifestyles. More than 627,000 women's lives have been saved from heart disease since the Go Red for Women campaign was created in 2004. We have made tremendous progress, Mr. Speaker, in the fight against cardiovascular disease, but we still have a long way to go.

Heart disease is the number one killer of women and is more deadly than all forms of cancer combined. Heart disease causes one in three women's death each year, killing approximately 1 woman every minute. Ninety percent of women have one or more risk factors for developing heart disease. Since 1984, more women than men have died from heart disease.

Heart disease is, unfortunately, a silent killer. According to the American Heart Association, nearly half of all women are not aware that heart disease is the leading cause of death for women.

For African American women, the risk of heart disease is especially great. Cardiovascular disease is the leading cause of death for African American women. Of African American women 20 years of age and older, 46.9 percent have cardiovascular disease; yet only 43 percent of African American women know that heart disease is their greatest health risk. In fact, I did not realize that I was at risk for stroke.

In 1999, I suffered a cerebral brain stem stroke. Because of my personal experience, I decided to be part of the solution. As this epidemic continues, I decided to not sit on the sidelines.

In 2000, I was elected to serve on the National American Heart Association Board of Directors. I was the only non-physician or nonmedical professional on the board at that time. As a board member, I served as a leader, guiding the American Heart Association's mis-

sion, cultural sensitivities, and national efforts.

Here in Congress, my advocacy continues. As a member of the Congressional Heart and Stroke Coalition, my colleagues and I work to raise awareness about the prevalence and severity of cardiovascular disease.

Last Congress, I introduced two pieces of legislation that raise awareness for stroke and other cardiovascular diseases. One, the Return to Work Awareness Act, would assist survivors of stroke and other debilitating health occurrences in returning to work. Both pieces of legislation had the support of the American Heart Association and the National Stroke Association.

I will reintroduce, Mr. Speaker, these important pieces of legislation this month during American Heart Month. I encourage all my colleagues, Democrats and Republicans, to join me as an original sponsor.

Mr. Speaker, you will notice that many of our colleagues today will be wearing the red American Heart Association pin. By wearing this pin, we help raise the awareness of cardiovascular disease in women and provide an important reminder that it is never too early to take action to protect our health.

This month, American Heart Month, let us recommit ourselves to improving heart-healthy lifestyles and to continue to fight against this deadly disease for ourselves and our families.

Lastly, Mr. Speaker, I want to recognize all the survivors of heart disease and those who are battling heart disease. I salute their family members and friends who are their source of love and encouragement to them as they fight this disease, as well as my friend, American Heart Association CEO Nancy Brown, and all the healthcare professionals and medical researchers who are working to find cures to improve treatments.

Please join us. Sign onto my bill and support a healthy lifestyle.

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#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 55 minutes a.m.), the House stood in recess.

□ 1200

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker at noon.

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#### PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

Compassionate and merciful God, we give You thanks for giving us another day.