

the HUD Code, which governs the construction, engineering, quality, safety, and systems performance. The HUD Code supports innovation, consumer safety, efficiency, and quality while preserving manufactured housing's affordability and customization.

We have all witnessed the ongoing turmoil in the housing market. I believe it is essential that we look to affordable manufactured housing as a viable solution to this problem. Creating affordable home ownership is one of the building blocks of our society and it plays a fundamental role in achieving the American Dream. It helps to provide families with economic security and build strong communities.

I urge my colleagues to support House Resolution 584.

Madam Speaker, I reserve the balance of my time.

Mr. WILSON of South Carolina. Madam Speaker, today I rise in support of House Resolution 584, recognizing the importance of manufactured and modular housing in the United States.

Manufactured housing is a good source of affordable housing in this country not only for home ownership but for rental housing as well. Currently, the manufactured housing and modular housing industries generate over \$6 billion in annual revenues and employ over 70,000 people. As a result of this extensive industry, approximately 18 million people in the United States, representing all segments of the population, live in manufactured or modular homes.

I was educated on the importance of manufactured housing in South Carolina by Tom Lloyd of the Manufactured Housing Association. I know firsthand of the housing opportunities made possible by Leonard Sanford in Orangeburg, South Carolina.

Manufactured and modular housing provides a critical solution to our country's supply of affordable housing. And due to the factory production process involved, manufactured and modular housing brings technological advances, value, and customization options for consumers seeking quality housing and sustainable home ownership.

The legislation before us recognizes and fully supports the goals and ideals of Manufactured Housing Week, and I urge my colleagues to support the resolution.

Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. DONNELLY of Indiana. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. DONNELLY) that the House suspend the rules and agree to the resolution, H. Res. 584.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. DONNELLY of Indiana. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

□ 1445

SENSE OF HOUSE REGARDING HOUSING FUNDING TO COMBAT AIDS

Mr. DONNELLY of Indiana. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 137) expressing the sense of the Congress that the lack of adequate housing must be addressed as a barrier to effective HIV prevention, treatment, and care, and that the United States should make a commitment to providing adequate funding for developing housing as a response to the AIDS pandemic.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 137

Whereas adequate and secure housing for people with human immunodeficiency virus or acquired immunodeficiency syndrome (HIV/AIDS) is a challenge with global dimensions and adequate housing is one of the greatest unmet needs of persons in the United States with HIV/AIDS;

Whereas growing empirical evidence shows that the socioeconomic circumstances of individuals and groups and structural factors such as housing status are of equal importance, or even greater importance, to health status than medical care and personal health behaviors;

Whereas the link between poverty and disparities in HIV risk and health outcomes is well established, and new research findings demonstrate the direct relationship between inadequate housing and greater risk of HIV infection, poor health outcomes, and early death;

Whereas rates of HIV infection are 3 to 16 times higher among persons who are homeless or unstably housed, 70 percent of all persons living with HIV/AIDS report a lifetime experience of homelessness or housing instability, and the HIV/AIDS death rate is 7 to 9 times higher for homeless adults than for the general population;

Whereas poor living conditions, including overcrowding and homelessness, undermine safety, privacy, and efforts to promote self-respect, human dignity, and responsible sexual behavior;

Whereas homeless and unstably housed persons are 2 to 6 times more likely to use hard drugs, share needles, or exchange sex for money and housing than similar persons with stable housing, as the lack of stable housing directly impacts the ability of people living in poverty to reduce HIV risk behaviors;

Whereas in spite of the evidence indicating that adequate housing has a direct positive effect on HIV prevention, treatment, and health outcomes, the housing resources devoted to the national response to HIV/AIDS

have been inadequate and housing has been largely ignored in policy discussions at the international level; and

Whereas the Congress recognized the housing needs of people with HIV/AIDS in enacting the Housing Opportunities for Persons with AIDS (HOPWA) program in 1990 as part of the Cranston-Gonzalez National Affordable Housing Act (Public Law 101-625) and the HOPWA program currently serves 70,000 households: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that—

(1) stable and affordable housing is an essential component of an effective strategy for HIV prevention, treatment, and care; and

(2) the United States should make a commitment to providing adequate funding for developing housing as a response to the AIDS pandemic.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. DONNELLY) and the gentleman from South Carolina (Mr. WILSON) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

Mr. DONNELLY of Indiana. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material thereon.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Indiana?

There was no objection.

Mr. DONNELLY of Indiana. Madam Speaker, I yield such time as he may consume to the sponsor of this concurrent resolution, the gentleman from New York (Mr. NADLER).

Mr. NADLER of New York. I thank the gentleman from Indiana for yielding.

Madam Speaker, I rise today in support of my resolution, H. Con. Res. 137, which expresses the sense of Congress that housing is a key component of combating the war against HIV and AIDS.

I want to thank Chairman FRANK and my colleagues, both parties on the Financial Services Committee, for bringing this resolution to the floor, and I call on my colleagues to join me in supporting this important resolution.

It is remarkable how far we have come as a society in our understanding of the HIV virus. In the early 1980s and well into the 1990s, an HIV-positive diagnosis was seen as a death sentence.

But nearly three decades after the launch of a global campaign to study the disease, to develop and disseminate treatment, and to teach prevention, those who contract HIV now have more than just an elusive hope for the future. They have a natural reality of living healthy and productive lives for decades.

Today we have an entire medical, organizational, and legislative foundation from which we can provide information, medication, and health care to those who have contracted the disease. Yet, just as advances are being made to extend and enhance the lives of those

living with HIV and AIDS, we still have a long way to go in the United States in order to make sure that everyone benefits.

While we now have effective HIV medications, there are still many complicating factors in making sure that everyone can get and successfully use those medications. These drugs can be very expensive, forcing people to choose between lifesaving drugs and other essentials such as food, clothing, and housing. In addition, these complex medications often require refrigeration and precise daily routines and mealtimes for their administration.

Successfully integrating these drugs into anyone's life has its complications. For those who are homeless, or who don't know where they will be sleeping day to day or month to month, the situation is extremely difficult and often, sadly, life threatening.

Study after study has confirmed the connection between the ability to remain healthy after being diagnosed with HIV and access to stable housing.

Here are just a few statistics. According to a 2007 study in the American Journal of Public Health, housing status is a more significant predictor of health care access and outcomes than individual characteristics, insurance status, substance abuse, and mental health comorbidities, or even service utilization.

Up to 70 percent of all people living with HIV report a lifetime experience of homelessness or housing instability.

Rates of HIV infection are 16 times higher, 16 times higher, among those who are homeless or unstably housed compared to similarly situated people with stable housing.

Up to 14 percent of all homeless people are HIV positive, 10 times the rate in the general population.

The death rate due to HIV or AIDS among homeless people living with HIV is seven to nine times the death rate due to HIV-AIDS among the general population.

The studies are equally clear that ensuring access to stable housing is cost-effective. According to economic evaluation studies done by Johns Hopkins Bloomberg School of Public Health, providing housing to those who are HIV positive either helps to save costs associated with treating these patients, or has similar effects such as those associated with kidney dialysis and screening for breast and colon cancer.

If we are to tackle the spread and treatment of HIV and AIDS in our society, we absolutely must address the need for stable housing for people with HIV and AIDS. Housing is not a luxury; it's a necessity. And with stable, safe housing comes better health and healthier habits, especially for those living with HIV-AIDS.

So I ask my colleagues in both parties to support this resolution so that we can move toward a sound and comprehensive policy for the prevention and treatment of HIV-AIDS.

Mr. WILSON of South Carolina. Madam Speaker, I yield myself such time as I may consume.

House Concurrent Resolution 137 expresses the sense of Congress regarding adequate housing options for persons with HIV-AIDS. Studies show that the rates of HIV infection are 3 to 16 times higher among persons who are homeless or unstably housed, and 70 percent of all persons living with HIV-AIDS report a lifetime experience of homelessness.

Currently, the U.S. Department of Housing and Urban Development, through its Housing Opportunities for Persons with AIDS, HOPWA, provides grants to eligible States and cities to provide housing assistance and related supportive services to meet the housing needs of low-income persons with HIV-AIDS and their families.

I have no further requests for time, and I yield back the balance of my time.

Mr. DONNELLY of Indiana. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. DONNELLY) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 137.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

ANTITRUST CRIMINAL PENALTY ENHANCEMENT AND REFORM EXTENSION ACT

Mr. NADLER of New York. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5330) to amend the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 to extend the operation of such Act for a 5-year period ending June 22, 2015, and for other purpose, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5330

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

SECTION 1. DELAY OF SUNSET.

Section 211(a) of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended—

(1) in subsection (a)—

(A) by inserting “of this subtitle” after “214”, and

(B) by striking “6 years” and inserting “16 years”, and

(2) by amending subsection (b) to read as follows:

“(b) EXCEPTIONS.—With respect to—

“(1) a person who receives a marker on or before the date on which the provisions of section 211 through 214 of this subtitle shall cease to have effect that later results in the execution of an antitrust leniency agreement, or

“(2) an applicant who has entered into an antitrust leniency agreement on or before

the date on which the provisions of sections 211 through 214 of this subtitle shall cease to have effect,

the provisions of sections 211 through 214 of this subtitle shall continue in effect.”.

SEC. 2. DEFINITIONS.

Section 212 of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended—

(1) by redesignating paragraph (6) as paragraph (7), and

(2) by inserting after paragraph (5) the following:

“(6) MARKER.—The term ‘marker’ means an assurance given by the Antitrust Division to a candidate for corporate leniency that no other company will be considered for leniency, for some finite period of time, while the candidate is given an opportunity to perfect its leniency application.”.

SEC. 3. TIMELINESS; COOPERATION AFTER TERMINATION OF STAY OR PROTECTIVE ORDER.

(a) TIMELINESS.—Section 213(c) of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended to read as follows:

“(c) TIMELINESS.—The court shall consider, in making the determination concerning satisfactory cooperation described in subsection (b), the timeliness of the applicant's or cooperating individual's cooperation with the claimant.”.

(b) COOPERATION AFTER TERMINATION OF STAY OR PROTECTIVE ORDER.—Section 213 of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended by adding at the end the following—

(1) by redesignating subsection (d) as subsection (e), and

(2) by inserting after subsection (c) the following:

“(d) COOPERATION AFTER EXPIRATION OF STAY OR PROTECTIVE ORDER.—If the Antitrust Division does obtain a stay or protective order in a civil action based on conduct covered by an antitrust leniency agreement, once the stay or protective order, or a portion thereof, expires or is terminated, the antitrust leniency applicant and cooperating individuals shall provide without unreasonable delay any cooperation described in paragraphs (1) and (2) of subsection (b) that was prohibited by the expired or terminated stay or protective order, or the expired or terminated portion thereof, in order for the cooperation to be deemed satisfactory under such paragraphs.”.

SEC. 4. TECHNICAL CORRECTIONS.

Section 214 of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004 (Public Law 108-237; 15 U.S.C. 1 note) is amended—

(1) in paragraph (1) by inserting “of this subtitle” after “213(b)”, and

(2) in paragraph (3)—

(A) by inserting “of this subtitle” after “213(a)” the 1st place it appears, and

(B) by striking “title” and inserting “subtitle”.

SEC. 5. GAO REPORT.

Not later than 1 year after the date of enactment of this Act, the Comptroller General shall submit, to the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate, a report on the effectiveness of the Antitrust Criminal Penalty Enhancement and Reform Act of 2004, both in criminal investigation and enforcement by the Department of Justice, and in private civil actions. Such report should include study of, inter alia—

(1) the appropriateness of the addition of qui tam proceedings to the antitrust leniency program; and