

GOSAR) that the House suspend the rules and pass the bill, H.R. 6666.

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. GOSAR. Mr. 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, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

#### PEPFAR EXTENSION ACT OF 2018

Mr. ROYCE of California. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6651) to extend certain authorities relating to United States efforts to combat HIV/AIDS, tuberculosis, and malaria globally, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6651

*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 “PEPFAR Extension Act of 2018”.

#### SEC. 2. INSPECTORS GENERAL AND ANNUAL STUDY.

Section 101 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611) is amended—

- (1) in subsection (f)(1)—
  - (A) in subparagraph (A), by striking “2018” and inserting “2023”; and
  - (B) in subparagraph (C)(iv)—
    - (i) by striking “four” and inserting “nine”; and
    - (ii) by striking “2018” and inserting “2023”; and
- (2) in subsection (g)—
  - (A) in paragraph (1), by striking “2019” and inserting “2024”; and
  - (B) in paragraph (2)—
    - (i) in the heading, by striking “2018” and inserting “2024”; and
    - (ii) by striking “September 30, 2018” and inserting “September 30, 2024”.

#### SEC. 3. PARTICIPATION IN THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA.

Section 202(d) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622(d)) is amended—

- (1) in paragraph (4)—
  - (A) in subparagraph (A)—
    - (i) in clause (i), by striking “fiscal years 2009 through 2018” and inserting “fiscal years 2004 through 2023”; and
    - (ii) in clause (ii), by striking “2018” and inserting “2023”; and
    - (iii) by striking clause (vi); and
  - (B) in subparagraph (B)—
    - (i) by striking clause (ii);
    - (ii) by redesignating clauses (iii) and (iv) as clauses (ii) and (iii), respectively;
    - (iii) in clause (ii) (as redesignated by clause (ii) of this subparagraph)—
      - (I) in the first sentence, by adding at the end before the period the following: “or section 104B or 104C of such Act”; and
      - (II) in the second sentence, by striking “for HIV/AIDS assistance”; and

(iv) in clause (iii) (as redesignated by clause (i) of this subparagraph), by striking “2018” and inserting “2023”; and

(2) in paragraph (5), by striking “2018” and inserting “2023”.

#### SEC. 4. ALLOCATION OF FUNDS.

Section 403 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673) is amended—

- (1) in subsection (b), by striking “2018” and inserting “2023”; and
- (2) in subsection (c), in the matter preceding paragraph (1), by striking “2018” and inserting “2023”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. ROYCE) and the gentleman from New York (Mr. ENGEL) each will control 20 minutes.

The Chair recognizes the gentleman from California.

#### GENERAL LEAVE

Mr. ROYCE of California. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

Mr. ROYCE of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 6651, the PEPFAR Extension Act of 2018.

Twenty years ago, I was honored to serve as the chairman of the Africa, Global Health, Global Human Rights, and International Organizations Subcommittee on the House Foreign Affairs Committee. During my tenure, everywhere I went, particularly in southern Africa, hospitals were full and classrooms sat empty as teachers fell ill. Life expectancy plummeted, and economies deteriorated across the continent. Tens of millions of children were orphaned across Africa when mothers, fathers, teachers, soldiers, factory workers, and health professionals died.

The AIDS pandemic that ravaged sub-Saharan Africa and parts of Latin America, Eastern Europe, and Asia was so bad that, in 2000, the U.S. intelligence community identified HIV/AIDS as a major threat to U.S. economic and national security.

To address this, a diverse, bipartisan coalition of administration officials, Members of Congress, faith leaders, advocates, and NGOs joined with President Bush to launch the most significant global response to a single disease in our history. Authorized by Congress in 2003, and later reauthorized in 2008 and 2013, the President’s Emergency Plan for AIDS Relief, known today as PEPFAR, quickly became the most successful U.S. foreign aid program since the Marshall Plan.

Today, through PEPFAR, the U.S. is supporting 14 million people with life-saving treatment, which helps stabilize societies and shrink the pool of new in-

fections. More than 85 million people have received voluntary testing and counseling, while more than 2 million babies born to HIV-positive mothers have been born AIDS-free.

By strategically targeting resources and holding partners accountable, PEPFAR has helped reduce new infections among the most vulnerable groups, particularly young women and adolescent girls. It has done so by as much as 40 percent.

Just last month, I returned to southern Africa and witnessed the impact of PEPFAR for myself. Parents are surviving; the workforce is recovering; and health systems are becoming stronger. This is tremendous progress for which we all should be extremely proud.

But now is not the time for retreat. There remains more to be done.

The PEPFAR Extension Act of 2018 provides a framework for PEPFAR’s continued success while addressing new challenges. Among other improvements, this act extends a requirement for the inspectors general for the State Department, the U.S. Agency for International Development, and the Department of Health and Human Services to conduct joint oversight and joint audit plans. It also extends annual reporting requirements, which contributes to continued and effective congressional oversight.

The United States cannot and should not fight this fight alone. That is why this act ensures that our programs are complemented by an effective, efficient, and accountable Global Fund to Fight AIDS, Malaria and Tuberculosis. That fund is accountable.

This is a sensible, bipartisan approach that will enable the United States, through PEPFAR, to continue to help partner countries expand access to treatment, prevent new infections, and achieve epidemic control.

Mr. Speaker, I urge my colleagues to support this timely, important, life-saving measure, and I reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, I yield myself such time as I may consume, and I rise in strong support of this measure.

Let me, first of all, as I have so many times before, thank Chairman ROYCE for his leadership in advancing this lifesaving legislation, as well as Representative SMITH, the bill’s author.

I also want to acknowledge my friend from California, Congresswoman BARBARA LEE, one of the lead sponsors not just of this bill, but of the 2003 legislation that originally authorized PEPFAR. She is the chair of the Congressional HIV/AIDS Caucus and a tireless champion in the fight to end HIV/AIDS, and I salute her tremendous leadership. She was talking about this when very few people were, and look at what we have accomplished.

Fifteen years ago, the idea that we would one day talk about an “AIDS-free generation” would have seemed like fantasy. At the time, this disease had killed more than 20 million people,

another 42 million were infected, and a mere 50,000 people in Africa had access to lifesaving treatments that were still relatively new.

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Enter PEPFAR, the President's Emergency Plan for AIDS Relief, the largest commitment by any country in the world to combat a single disease. Today, thanks to PEPFAR, 14 million men, women, and children are receiving treatment. More than 85 million people were tested for HIV last year. New diagnoses among young women and girls, a particularly vulnerable population, have dropped dramatically. And more than 2 million babies have been born HIV-free to mothers living with HIV.

When President George W. Bush signed PEPFAR into law in 2003, he said: "We will keep our commitment until we have turned the tide against AIDS." I think that will be President Bush's legacy, the positive force he was for PEPFAR and helping people living with AIDS.

The bill we are now considering is the newest chapter in that commitment. It extends key provisions that have allowed PEPFAR to succeed. It also enables Congress to continue its oversight role so that PEPFAR's vital work plows ahead while we make sure taxpayer dollars are put to use efficiently and effectively.

In my view, that oversight role has become especially important. PEPFAR thrived in the previous two administrations, and I regret that the current administration has twice sought deep cuts to efforts to fight AIDS. If these cuts were enacted—and, thankfully, Congress has rejected the requests—it would set us back more than 2 decades. We would see the first spike in new HIV infections worldwide since 1995. It would negate the enormous work and billions invested over the past 15 years.

At the same time, the administration has reimposed and expanded the global gag rule, the so-called Mexico City policy. I think it is a wrong approach. This approach to healthcare is denying so many people their right to comprehensive healthcare from providers they trust. It has ripple effects that hamper our work to combat HIV/AIDS.

For example, a Mozambican Association for Family Development clinic tested nearly 6,000 patients for HIV over a 3-month period between July and September of last year. Then the global gag rule went into force, and the clinic lost its funding. During the next 3-month period, just 671 patients were tested for HIV, a decline of nearly 90 percent.

This is not something that we should just fathom. For 15 years, PEPFAR has been a model of what can be achieved through bipartisan cooperation. I hope that the administration will return to that consensus by ending its budget requests and lifting the global gag rule, which evidence shows is utterly at odds with the goals of PEPFAR. We cannot

have budget cuts for something like this.

Only then will it be possible to accelerate the progress achieved over the last 15 years and finally realize our goal of an AIDS-free generation.

Mr. Speaker, I reserve the balance of my time.

Mr. ROYCE of California. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH). Mr. CHRIS SMITH is chairman of the Foreign Affairs Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations, and he is the author of this bill.

Mr. SMITH of New Jersey. Mr. Speaker, I thank the chairman for his leadership on this bill, and ELIOT ENGEL and BARBARA LEE. We were there when George W. Bush signed this legislation. We were sitting next to each other.

This has made an enormous difference in the lives of so many people. I call on our colleagues to support the PEPFAR Extension Act of 2018, which authorizes funding for each of the next 5 years for comprehensive programs designed to prevent or provide treatment for people suffering from HIV/AIDS, malaria, and/or TB throughout the world.

Because of the vision of George W. Bush—and here in the House, it was Henry Hyde and Tom Lantos as chairman and ranking member—since 2003, PEPFAR has saved an estimated 16 million lives. Today, 13 countries are on track to control their HIV/AIDS epidemic by 2020.

When the President signed it, he said, and I quote in part: "HIV/AIDS is one of the greatest medical challenges of our time. . . . Across Africa, this disease is filling graveyards and creating orphans and leaving millions in a desperate fight for their own lives."

He went on to say: "In the face of preventable death and suffering, we have a moral duty to act, and we are acting."

Today, according to the U.S. Department of State, PEPFAR is the largest commitment by any nation to address a single disease in all of history. Before PEPFAR, only some 50,000 people in Africa had access to lifesaving antiretroviral treatment. That number has since increased to approximately 14 million people receiving treatment for HIV and AIDS. Thanks to antiretrovirals, some 2.2 million babies have been born HIV-free to HIV-positive moms.

Since the start of PEPFAR, new HIV infections have declined between 41 percent to 76 percent, depending on the country, and, again, more than 16 million people have been saved. Yet the need for this legislation continues to be absolutely compelling because so much more needs to be done.

The Trump administration's 2018 PEPFAR report to Congress sounds the alarm, noting that, according to UNAIDS, nearly 37 million people are living with HIV globally; however, only 20.9 million are getting treatment.

They point out that we must continue to act decisively and strategically with our resources and bring other donors in high HIV-burdened countries to the table. Otherwise, we all risk an epidemic that rebounds beyond the global community's capacity to respond.

The time to act is now. Every week, 32,000 people are infected with HIV globally. Of all the new HIV infections in adolescents in the region, nearly 75 percent are among females, and they are up to 14 times more likely to contract HIV/AIDS than young men.

Mr. Speaker, I urge my colleagues to support this lifesaving legislation, and again, I thank my colleagues. I thank the Speaker and KEVIN MCCARTHY for bringing this legislation to the floor.

Mr. Speaker, I rise to urge House passage of my bill—H.R. 6651—the PEPFAR Extension Act of 2018, which authorizes funding for each of the next five years for comprehensive programs designed to prevent or provide treatment for people suffering from HIV/AIDS, malaria or TB throughout the world. (Current funding is approximately \$6 billion per year).

Because of the vision of President George W. Bush and here in the House the leadership of the Foreign Affairs Committee Chairman Henry Hyde joined by Ranking Member Tom Lantos, since 2003 the President's Emergency Plan for AIDS Relief or PEPFAR has saved an estimated 16 million lives, and 13 countries today are on track to control their HIV/AIDS epidemic by 2020.

When President Bush signed the U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act into law in 2003—BARBARA LEE and I were actually sitting together at the ceremony—President Bush said:

"HIV/AIDS is one of the great medical challenges of our time. . . . Across Africa, this disease is filling graveyards and creating orphans and leaving millions in a desperate fight for their own lives. They will not fight alone. . . . The legislation I sign today launches an emergency effort that will provide \$15 billion over the next five years to fight AIDS abroad. . . . In the face of preventable death and suffering, we have a moral duty to act, and we are acting. . . ."

Today, according to the U.S. Department of State, "PEPFAR is the largest commitment by any nation to address a single disease in history. Through PEPFAR, the U.S. government has invested over \$80 billion dollars in bilateral HIV/AIDS and tuberculosis programs."

Before PEPFAR, only some 50,000 people in Africa had access to lifesaving antiretroviral treatment. That number has since increased to approximately 14 million people receiving treatment for HIV and AIDS. Thanks to antiretrovirals, some 2.2 million babies have been born HIV-free to HIV positive mothers. Since the start of PEPFAR new HIV infections have declined between 41–76%. And again, more than 16 million lives have been saved.

Yet, the need for this legislation is absolutely compelling, because there is much more to be done. The Trump Administration's 2018 PEPFAR Report to Congress sounds the alarm noting that:

"according to UNAIDS, nearly 37 million people are living with HIV globally; however, the number of those on treatment is currently 20.9 million. While treatment access has increased

by more than 160 percent since 2010, there is still much more to do to ensure everyone is virally suppressed, especially children and individuals under age 35. Constant evaluation of program implementation, epidemic data, and partner performance is essential to continue to accelerate our impact. We must continue to act decisively and strategically with our resources and to bring other donors and high-HIV-burden countries to the table; otherwise, we all risk an epidemic that rebounds beyond the global community's capacity to respond. The time to act is now. Every week, 32,000 people are infected with HIV globally, including 6,900 young women and 3,000 children, and 19,000 people die of AIDS-related illnesses. In sub-Saharan Africa, adolescent girls and young women are especially affected. Of all the new HIV infections in adolescents in the region, nearly 75 percent are among females; they are up to 14 times more likely to contract HIV/AIDS than young men."

I introduced H.R. 6651 joined by a group of bipartisan original cosponsors to ensure the continuation of this extraordinarily effective lifesaving initiative—and the time to act is now.

This PEPFAR extension includes an amendment to extend programs aimed at supporting Orphans and Vulnerable Children—an initiative that assists over six million individuals—with support from multiple organizations, including Catholic Relief Services and World Vision. I would like to thank my Democratic colleague, and original cosponsor, BARBARA LEE for her outstanding commitment to this issue.

I also wish to commend the leadership shown by Chairman Ed ROYCE, Ranking Member ENGEL, ILEANA ROS-LEHTINEN—ILEANA, we will miss you—and my colleague on the Africa subcommittee, Ranking Member KAREN BASS.

I would also like to thank the staff who worked on this extension, coordinating with advocacy groups and helping bring this bill to the floor—Luke Murray from the Leader's office, Joan Condon and Catherine Rowland from the House Foreign Affairs Committee majority and minority, Diala Jadallah and Jannette Yarwood from Representative LEE's and Representative BASS's office, and Piero Tozzi from my subcommittee. I also want to thank the many advocacy groups who weighed in with support and work tirelessly day-in-and-out to bring relief to those afflicted by HIV/AIDS and their family members.

Mr. ENGEL. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. LEE), one of the lead sponsors of this bill.

Ms. LEE. Mr. Speaker, first, let me thank our ranking member, Mr. ENGEL, for yielding me time but also for his hard and diligent work and for being a real champion for our global health programs. I thank the gentleman very much for his kind words.

Let me also thank House Foreign Affairs Committee Chairman ROYCE and the chair of the Africa Subcommittee, CHRIS SMITH, for their dedication to strengthening PEPFAR. It has really been a pleasure working with them from day one on this lifesaving legislation.

I cannot forget the late Chairman Henry Hyde and our ranking member, Tom Lantos, who worked so hard—CHRIS, you remember this—in making

sure that this legislation stayed on track and that it was bipartisan.

Also, to our current ranking member of the House Africa Subcommittee, Congresswoman KAREN BASS, I have to acknowledge her and thank her for her tremendous leadership, as well as the Congressional Black Caucus because it was the Congressional Black Caucus that supported me in my work with President Bush and, thankfully, our leader, NANCY PELOSI, who helped with this transformational legislation. It was many years ago, so I just have to salute and thank them.

I also thank my colleague Congresswoman BETTY MCCOLLUM, because she never let us forget that we insisted on must-have efforts in this legislation on behalf of vulnerable children and orphans.

As the coauthor of this critical legislation, I am very proud, as I said, to continue now with this legislation, which really is the legacy of bipartisan leadership and support for PEPFAR and the Global Fund.

Mr. Speaker, this PEPFAR Extension Act of 2018 is extremely important. It would reauthorize PEPFAR and the Global Fund for 5 years.

PEPFAR is, arguably, one of the most efficient and effective foreign assistance programs in history. At the time that PEPFAR was established in 2003, only 50,000 people were treated in sub-Saharan Africa. Thanks to strong bipartisan support for PEPFAR over the last 15 years, PEPFAR now supports lifesaving HIV treatment for more than 13.3 million people in more than 50 countries.

Our investments in PEPFAR have also allowed 2.2 million babies to be born HIV-free, and more than 6.4 million orphans, vulnerable children, and their caregivers are provided with assistance under these programs.

Now, I remember the very first individual—I believe his name was John Roberts—whom I met in Uganda. He was alive. He was so happy. He was raising a family. I believe he was a teacher. He had tears in his eyes when I met him, and he told me to make sure I thanked the United States of America for these lifesaving drugs and for the program.

But we can't allow these successes to lull us into complacency. While we have made unprecedented strides in the fight against HIV and AIDS, the need for robust investments in these programs is more important.

The SPEAKER pro tempore (Mr. POE of Texas). The time of the gentlewoman has expired.

Mr. ENGEL. Mr. Speaker, I yield the gentlewoman from California an additional 2 minutes.

Ms. LEE. Mr. Speaker, we have made unprecedented strides in the fight against HIV and AIDS. The need for robust investments, though, is more important than ever.

A report released by The Lancet in July found that the HIV pandemic is not on track to end and that little

progress has been made in reducing new infections over the past decade. Tens of millions of people will require access to sustained antiretroviral treatment for decades to come.

According to PEPFAR, every week, 32,000 people are infected with HIV globally, including 6,900 young women and 3,000 children. Mr. Speaker, 19,000 people die of AIDS-related illnesses each week.

Without a renewed global effort to address HIV, we really do risk the epidemic rebounding. We cannot allow that to happen. That is why we must reject any attempts—any attempts—by the Trump administration to cut any funding for PEPFAR and the Global Fund, and fight against the imposition of the global gag rule, which is already affecting access to critical healthcare services around the world.

Support for PEPFAR and the Global Fund has never been a partisan issue. We cannot allow that to change now.

I urge a "yes" vote on the bill, and I want to thank my colleagues so much for their support and for helping us work through these very tough negotiations this time. We will move forward and, hopefully, find solace in the fact that we can wipe AIDS from the face of this Earth by 2030.

Mr. ROYCE of California. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. ROS-LEHTINEN). She is the chairwoman emeritus of the Committee on Foreign Affairs, an original cosponsor of this bill, and the co-chair of the HIV/AIDS Caucus here in the House.

Ms. ROS-LEHTINEN. Mr. Speaker, I am so proud to be an original cosponsor, along with Chairman ROYCE and our wonderful ranking member, Mr. ENGEL, of the PEPFAR Extension Act, which has been led by our colleague CHRIS SMITH of New Jersey and my friend Ms. BARBARA LEE of California.

This bill will build upon the success of PEPFAR, which has been a transformative program in fighting HIV/AIDS, this epidemic, worldwide.

PEPFAR has supported lifesaving antiretroviral treatments for close to 14 million people, a nearly fivefold increase over the last 10 years. Since the program's inception, nearly 2 million HIV-free babies have been born to HIV-infected mothers.

This program has also contributed directly to the stability, to the security, and to the economic growth of countries around the globe.

When President George W. Bush called on Congress to take action in responding to the global crisis of HIV 15 years ago, Republicans and Democrats stood together, just as we are standing together tonight, to authorize this program. Time and time again, PEPFAR has been reauthorized with overwhelming bipartisan support.

I will forever cherish, Mr. Speaker, standing in the Oval Office as President George W. Bush signed this essential program into law. I am so proud of what we as a Nation have accomplished

through this incredible program. With the help of our global partners, every day, we are closer to achieving an AIDS-free generation.

I urge all my colleagues to give it their full support. I thank the Chairman, Mr. Ranking Member, Ms. LEE, and Mr. SMITH.

Mr. ENGEL. Mr. Speaker, I yield 2 minutes to the gentlewoman from Minnesota (Ms. MCCOLLUM), who is a great advocate for those living with HIV/AIDS.

Ms. MCCOLLUM. Mr. Speaker, I rise in support of this legislation reauthorizing the President's Emergency Plan for HIV/AIDS Relief, commonly referred to as PEPFAR, for an additional 5 years until 2023.

When this law was established in 2003, I was very proud to be a member of the International Relations Committee. Thanks in large part to the bipartisan leadership of Chairman Henry Hyde and Ranking Member Tom Lantos, the original bill included dedicated funding that required that at least 10 percent of the funds be used for orphans and vulnerable children.

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I thank Chairman ROYCE and Ranking Member ENGEL, and I thank Chairman SMITH and Ranking Member BASS for maintaining support for the dedicated OVC funding and ensuring this provision was restored when the Foreign Affairs Committee marked up this bill in September.

Today, at least more than 12 million children worldwide have lost at least one parent to HIV/AIDS, and at least 80 percent of these children live in sub-Saharan Africa.

Of the 1.8 million children living with HIV/AIDS, only half have the necessary antiretroviral treatment; and without this treatment, it is expected that 80 percent will not make it to their fifth birthday.

The dedicated OVC funding in this bill ensures that these children will continue to be a priority in our fight against HIV/AIDS in responding directly to physical, emotional, and economic impacts HIV/AIDS has on vulnerable children.

The OVC programs protect children from contracting HIV/AIDS, expand access to high-quality healthcare services, work directly with families and communities to strengthen capacity and resilience building, and give these children a future.

We still have work to do, and these programs, we know they are effective, and we know that they are working. As of September 2017, PEPFAR had provided care and support to more than 6.4 million orphans and vulnerable children and their caregivers worldwide.

I thank the Foreign Affairs Committee's leadership for ensuring this critical funding provision was included in the final version of the bill.

Mr. ROYCE of California. Mr. Speaker, I reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, I yield myself the balance of my time.

Let me close and let me say that, as the sponsor of the last PEPFAR reauthorization in 2013, I am proud to be a part of this effort. And I again thank Chairman ROYCE; Congresswoman LEE; the chair and ranking member of our Africa, Global Health, Global Human Rights, and International Organizations Subcommittee, Representatives SMITH and BASS; and Congresswoman ROS-LEHTINEN as well.

I also thank Ambassador Deborah Birs, the U.S. Global AIDS Coordinator and U.S. Special Representative for Global Health Diplomacy, for her tireless work to ensure PEPFAR's success.

Mr. Speaker, over the last 15 years, PEPFAR has been nothing short of revolutionary. It is a humanitarian and global health triumph, with very few rivals across history, but it is still a work in progress.

An AIDS-free generation remains aspirational, certainly more within reach than it was a few years ago, but still a vision that we need to keep working for. If we reverse course, if we slash funding for these efforts, it would undermine our own efforts with foolish policies. We stand to lose so much of what has been achieved.

I am glad to support this bipartisan measure which would keep us on the right course, and I again urge the administration to agree with what Congress has done, not to cut funding in this much-needed help. I am pleased to support the bill. I ask all Members to do the same, and I yield back the balance of my time.

Mr. ROYCE of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the Committee on Foreign Affairs, with the help of our ranking member, Mr. ELIOT ENGEL, has worked across both Chambers of Congress. We have worked across party lines. We have worked to craft a bill that preserves congressional prerogatives and advances U.S. interests and helps save lives.

I again thank Mr. CHRIS SMITH, because H.R. 6651 does all of that. It does not contain new authorized appropriations, nor does it affect direct spending or revenues. It does not create new programs or include major new policy provisions. It is, in other words, a non-controversial bipartisan measure that extends critical PEPFAR authorities and the transparency requirements that expired on September 30 of 2018.

Congress has reauthorized, now, this program twice before, and I thank the U.S. Global Aids coordinator, Ambassador Birs, for her steadfast commitment to making PEPFAR as efficient and effective as possible.

And, of course, I want to again thank all of the sponsors—Representatives SMITH, ROS-LEHTINEN, ENGEL, and LEE—for championing this effort and doing so from the very start.

And, finally, I thank Joan Condon on my staff, who has been instrumental in seeing this important legislation over the finish line and who has long

worked for effective U.S. assistance programs that both save lives and reinforce the moral stature of the United States around this globe.

The success of these efforts, the success of this program will forever be measured by the lives it has saved. I urge my colleagues to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and pass the bill, H.R. 6651, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to extend certain authorities relating to United States efforts to combat HIV/AIDS, tuberculosis, and malaria globally, and for other purposes."

A motion to reconsider was laid on the table.

#### AFFIRMING STRONG UNITED STATES-LIBERIA TIES AND SUPPORT FOR DEMOCRATIC PRINCIPLES

Mr. ROYCE of California. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1055) to affirm strong United States-Liberia ties and support for democratic principles, and call for full implementation of the Truth and Reconciliation Commission recommendations, including the establishment of an Extraordinary Criminal Tribunal for Liberia.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1055

Whereas today the United States is home to an estimated 80,000 people of Liberian ancestry in vibrant communities across the country, who have been instrumental in America's efforts to build a peaceful, democratic, and prosperous Liberia;

Whereas Liberia and the United States share close historical, political, and economic ties over the course of a nearly 200-year relationship;

Whereas the people and Government of the United States have a deep interest in Liberia's democratic stability and postconflict development;

Whereas the civil war from 1991 to 2002 resulted in the death of over 200,000 people in Sierra Leone and Liberia, the displacement of over 1,000,000 persons, and the horrific cases of amputations, mass rape, and human rights abuses conducted under the leadership of Charles Taylor;

Whereas Charles Taylor was convicted through the Special Court for Sierra Leone for 11 different charges of war crimes, crimes against humanity, such as rape, sexual abuse, and slavery, and violation of international law, including the use of child soldiers;

Whereas a comprehensive peace agreement was signed by the Government of Liberia, rebel groups, and political parties in 2003;

Whereas the Truth and Reconciliation Commission, as established under the 2003