

of milder winters due to climate change, ticks and other insects aren't dying off, which leads to infestation on our wildlife and on our trees. According to the New Hampshire Fish and Game Department, the estimated moose population in New Hampshire has decreased by more than 50 percent since the mid-1990s.

That story is even worse for moose calves. A recent study by researchers at the University of New Hampshire found that winter ticks are the primary cause of an unprecedented 70-percent death rate of calves over a 3-year period. On average—and we can see this dramatically in these photos—47,000 ticks were found on each calf that was monitored during this study.

To quote Dr. Peter Pekins, a professor at UNH who is a lead author on the study, “the iconic moose is rapidly becoming the new poster child for climate change in parts of the Northeast.”

We are going to see moose totally disappearing from the Northeast—in fact, from all of the northern part of the United States, if we don't take action.

As my colleagues have said, global warming is also impacting our fishing industry. New Hampshire may have a small coast—18 miles of coastline—but we have an important commercial fishing industry that contributes \$106 million to the State and supports 5,000 jobs. Unfortunately, because of climate change, the average annual temperatures in the waters off of southern New England have increased by about 2.2 degrees Fahrenheit since the 1970s. This change in temperature is driving some of New England's most iconic fisheries northward and further out to sea.

Lobsters, for example, have migrated 40 miles northward to the Gulf of Maine in the last decade. As we can see from this illustration, it shows the red areas where we used to have lobster until the 1970s. They have totally disappeared, and those lobsters have moved north of Cape Cod. They are moving into northern Maine and up into Canada. They are totally gone from the New England Sound. That is devastating to Southern New Hampshire fishing communities where lobster is their livelihood.

Ironically, as I think Senator MARKEY said so well, the lobster migration has contributed to an overabundance in the Gulf of Maine, and that has caused price volatility in the lobster market. So we have seen dramatic fluctuations which have also affected our fishermen.

Of course, the impacts on human health have been dramatic because people are suffering from the impacts of climate change. Rising temperatures increase the number of air pollution action days. They increase pollen and mold levels, and they increase allergies. All of these things are dangerous to some of our most vulnerable populations, including children. In New Hampshire we have one of the highest childhood asthma rates in the country

because of air pollution that has been moving primarily from the Midwest but now is being exacerbated by climate change.

The elderly are affected, as well as those with allergies and those with chronic respiratory conditions.

Rising temperatures also facilitate the spread of insectborne illnesses, such as Lyme disease, which have been a huge factor for people in New Hampshire and across New England.

Now, because New Hampshire and the Northeastern States and New England have been experiencing major negative impacts from climate change, we have been working to reduce carbon emissions to try and transition to a more energy-efficient and clean-energy economy. New Hampshire is one of nine Northeastern States that participates in the Regional Greenhouse Gas Initiative, or RGGI, since the program launched in 2009. Massachusetts and Rhode Island are also participants. But carbon emissions in RGGI States have fallen by 51 percent. So in less than a decade, because of RGGI, we have seen a 51-percent reduction in carbon emissions.

In addition, customers in RGGI States have saved an estimated \$773 million on their energy bills, and billions more are expected. That is thanks not just to renewables but to energy efficiency. I am a big believer that energy efficiency is also one of the most important ways we can reduce our carbon emissions. Also, the wholesale price of energy has fallen. So we can see on average 6.4 percent and \$773 million in energy savings.

So climate change—as everyone who has spoken about this evening has pointed out—is probably the greatest environmental challenge the world has ever faced, but we can do something about it if we take action. Through smart energy policies and through thoughtful conservation measures, we can stop climate change from reaching dangerous, irreversible levels, but we have to act now.

So I urge my colleagues and I urge this administration to recognize the economic and environmental imperative of addressing climate change before it is too late.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. PORTMAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

OPIOID EPIDEMIC

Mr. PORTMAN. Mr. President, I wish to speak tonight about the opioid crisis that has gripped my State of Ohio and our country and talk about some lessons learned.

There was an article in the New York Times that some might have seen on

Sunday about a town in Ohio—Dayton, OH—and the progress they have made in combating this opioid crisis, including a reduction in overdose deaths, which is really significant. Dayton is a city that has had some of the highest overdose death rates in our entire State of Ohio, and Ohio is No. 3 or No. 4 in the country in terms of overdose deaths. They have seen in Dayton, OH, over the last year, about a 50-percent decrease in overdose deaths. It is still totally unacceptable. Unfortunately, there are still hundreds of people who are dying every year. But from this high-water mark, progress has been made. Why is that happening?

Well, I am going to talk a little bit about that tonight and talk about some of the things that are actually working back in our communities and perhaps give us a little sense of optimism about what might be able to happen over the next couple of years as we try to turn the tide on this epidemic.

For a little context, last year we had the highest rate of overdose deaths in the history of our country. Some 72,000 Americans—72,000—lost their lives to overdoses from drugs. In my State of Ohio, that number is particularly high, to the point that it is the No. 1 cause of death now in our State.

I met with the director of the CDC, or the Centers for Disease Control, today and talked about the opioid epidemic and talked about the tragedy he is seeing in places like southwest Ohio, Dayton, and Cincinnati, my hometown, where we see incidences of hepatitis C increasing and even hepatitis A. These are diseases that are primarily increasing because of the sharing of needles and the opioid epidemic.

So we have our work cut out for us, don't we?

In Dayton, OH, by the way, over the last few years, the death rate had gotten so high that the coroner's office was literally running out of space. There wasn't enough room to put all the bodies.

I have held roundtable discussions in Dayton and Montgomery County, which is the county around Dayton, over the past several years and heard the bad news. I have often been with Montgomery County then-Sheriff Phil Plummer, who has been tireless in trying to focus law enforcement, the social workers, the treatment community, the business community, and other community leaders on how to respond to this problem. Our first responders, of course, are as desperate as anybody to address this.

It has been tough. Again, I have been in Dayton, OH, and had to talk about the fact that we had the worst rates in the country of deaths and, therefore, one of the worst in the entire country.

So what has happened? How has Dayton made this progress, this 50 percent reduction?

Well, the New York Times highlights a number of reasons for it. They talk about greater community involvement, the ability for more Medicaid recipients to get treatment, and more

Narcan being distributed throughout the community. Narcan, of course, is this miracle drug that reverses the effects of an overdose.

They talked about helping to deal with the stigma. In other words, by reducing the stigma that is associated with addiction, more people will step forward to get treatment for it, and their families will be more willing to push them forward. That helps to unite communities against what is the biggest public health crisis we face in Ohio and around the country.

I would like to highlight tonight some of the things we have done here in this body just in the last couple of years that contribute to some of the success that we are seeing.

Again, are we there yet? No, we are not. Last year was worse than the year before, but I do believe that we are going to begin to make progress, and, frankly, I think we would already have seen some of these efforts at the Federal level, State level, and local level, which are taking root, make a bigger difference but for one thing, and that is this big influx of synthetic opioids—fentanyl. Fentanyl, carfentanil, and other synthetics have taken over.

I remember being in Dayton, OH, the city we are talking about tonight, about 4 years ago when, for the first time, I heard from a law enforcement official that fentanyl was pushing out heroin. At that time, the big issue was heroin. It wasn't fentanyl. In fact, very few people knew about fentanyl. Fentanyl has hit my State and our country so hard over the past several years—the last 3, 4, 5 years—that it has sort of overwhelmed the system. So as we have begun to make progress on better education, better treatment, better recovery options, and more Narcan, we have also had this big influx of this incredibly powerful drug that is 50 times more powerful than heroin on average—an inexpensive drug.

We will talk in a minute about what we are doing about fentanyl, but, again, I think if we had not seen that influx, we would already be seeing more progress because of some of the things that we will talk about that are happening in Dayton, OH.

Back in 2016, this body, after 4 years of work, passed legislation called the Comprehensive Addiction and Recovery Act. I was proud to coauthor that with my colleague SHELTON WHITEHOUSE. It was bipartisan. It was non-partisan. It was based on evidence. It was based on four conferences we had here in DC. We brought in people from all over the country to talk about this: What is the best treatment option? What is the best way to ensure somebody gets through treatment successfully? How can we do a better job with our veterans? How can we ensure that we are bringing our first responders into this, working with them, and helping them to be able to deal with this crisis? All of that led to this Comprehensive Addiction and Recovery Act legislation.

The first thing the legislation did, actually, was it said: Let's look at this like a disease. That may be—of all the things that are in that legislation, including significant new funding for our communities—maybe the most important thing, and it is beginning to change the paradigm, so that we don't look at this as a moral failing but rather look at it as something that is a disease. Something changes in your brain when you become addicted.

I can't tell you the number of people I have met in my home State of Ohio who because of an accident or an injury took an opioid, became addicted—physically addicted—shifted to heroin or fentanyl because the prescription drugs were hard to find or too expensive, and then overdosed, and, in some cases, overdosed and died.

But having said that, this legislation—this Comprehensive Addiction and Recovery Act legislation—focusing on prevention, focusing on treatment, focusing on recovery, focusing on providing Narcan to our communities, has made a difference. There will be \$608 million spent this year on these CARA programs. Our first year it was about \$182 million. It has gone up every year since. Why? Because it is working. It was based on good evidence, and it is helping to offer innovative solutions to this stubborn addiction challenge we face in our country.

Dayton, OH, and Montgomery County have received \$3.5 million in CARA funding. So part of the reason they have had some success is that they have taken this funding and used it in innovative ways. It includes \$2 million for first responders and about \$500,000 for the city of Dayton to develop partnerships between first responders and treatment providers responding to overdoses as a team.

Somebody overdoses, Narcan is applied, and their lives are saved. Unfortunately, still in America in most cases, the person goes back to the community, to the old team, the old gang, and often there is no followup.

In Dayton, what they have said is this: Do you know what? If somebody overdoses and Narcan is applied, we are going to follow up with them, and the team will include law enforcement, but it also will include treatment providers and maybe social workers. This funding has allowed them to pursue that.

Also, there is \$1 million from Montgomery County Public Health to analyze substance abuse issues and identify potential solutions to come up with more innovative and creative ways to deal with this.

Also, in 2016, this Congress passed another piece of legislation. The Comprehensive Addiction and Recovery Act, remember, is funding that goes straight to programs to help on prevention, education, and innovative solutions. The second one was called the 21st Century Cures Act, and this provides funding directly back to the States, and the States then decide how it is spent. That funding is also making a big difference.

In each of the last 2 years, Ohio has received \$26 million in Cures funding to affect the opioid crisis. All of your States have received funding too. The funding is based on the degree to which you have a problem. So the States like my State of Ohio, West Virginia, and Kentucky have gotten significant amounts of money from this because we need it.

Again, the Montgomery County Alcohol, Drug Addiction, and Mental Health Services Board, or the ADAMHS Board, has received about \$2 million in Cures funding over the last 2 years in Dayton, OH. I have seen and heard about how that funding is being put to good use.

Just a couple months ago, I was in Dayton. I took part in a roundtable discussion with the Montgomery County ADAMHS Board and discussed how they are using their Cures money and their CARA money. They are using their Cures money to fund a community-based treatment team. They are partnering with Dayton and Montgomery County Public Health Addiction Services to provide 24/7 ambulance withdrawal support—a community treatment team to help people gripped by addiction get treatment in their own homes and primary care for high-risk addicts, including pregnant women and more.

They are finding that is working. It is working not just to have people be saved from an overdose by Narcan but getting these people directed into treatment to actually help them with their addiction problem longer term.

They are implementing impressive programs to help with some of the most vulnerable groups that are affected by this crisis, and that is mothers who are addicted and their babies, who are too often being born with what is called neonatal abstinence syndrome. Because the mom is addicted, the baby is born with this syndrome which requires the baby—tiny innocent babies—to go through withdrawal. It is a very sad situation. It is happening in hospitals all over our country. Go to your neonatal unit in your hospital, and you will find out that, unfortunately, the numbers of these babies has increased dramatically.

We don't know the impact longer term on these babies who are born to moms who are addicted, but there is a great risk there. What we do know is that hospitals across the country are being filled up with these innocent babies, and they need our help.

After these babies get out of the hospital, by the way, often they can't go back to their moms or their dads because they are addicted, nor should they.

The moms and dads sometimes are in treatment. They can't take their babies with them. What happens to these kids? Well, there are some groups that have started. Community volunteers have stepped up in Dayton, OH, as an example, and started a group called Brigid's Path. Brigid's Path is a shining example of an organization that is

dedicated to helping newborns who are dependent on drugs be able to recover longer term. As these innocent babies are taken through the withdrawal, they also need to be surrounded by love and support.

Earlier this year, I had the opportunity to visit Brigid's Path. It provides short-term inpatient care in a home-like setting for these newborns who are suffering from prenatal drug exposure.

A lot of volunteers are involved. Some of the volunteers do something really important and really simple. You know what it is? They hold the babies. Literally, it is the human contact. Based on all of the psychological studies and looking at how you create a healthy, well-adjusted baby, you have got to have that human contact. For these babies who can't be with their parents because their parents are addicted or maybe the dad isn't around and the mom is addicted, volunteers come in and literally hold the babies, love these babies, and support these babies. We need to provide as much care and treatment as possible to help these kids so that they can achieve their God-given potential in life.

By the way, the opioid legislation that the President signed into law just last month, which this Congress passed, provides for the first time that organizations like Brigid's Path in Dayton, OH—entirely funded up to this point with volunteers, with money from the community, but, frankly, they don't have the resources they need to take care of all the babies who need the help—for these babies whose families qualify for Medicaid, will now be able to get Medicaid reimbursement under what is called the CRIB Act, which the President just signed into law.

It provides \$60 million in funding for babies and recognizes residential pediatric recovery facilities like Brigid's Path as providers under Medicaid. This is a huge difference. It is going to enable not just Brigid's Path but other organizations like this to pop up around our State.

So that may not be affecting the overdose rate per se, but that is affecting something really important, which is the ability for these infants—these babies—to be able to have a normal life and to be able to achieve whatever God has in mind for them in their life, which is not to be growing up in a family with addiction but rather to be able to escape the grips of addiction.

I believe, perhaps most importantly, that the legislation we just passed in Congress recently—adding to Cures, CARA and the CRIB Act—is dealing with fentanyl and will help in Dayton, OH, and around our country.

I mentioned fentanyl earlier, a synthetic opioid 50 times more powerful than heroin and inexpensive. Sadly, while, again, Dayton has made progress, fentanyl remains the No. 1 killer in Dayton.

They told me when I was there a couple months ago that cocaine and meth

deaths—crystal meth—are rising in the Dayton area. That is deaths from cocaine and crystal meth. Why is that?

Typically, you don't hear about people overdosing on cocaine, but you certainly do when fentanyl is mixed in with cocaine, and that is what law enforcement is telling me around Ohio is happening.

These drugs, often mixed with fentanyl, are now deadlier than ever. Fentanyl was involved in more than 70 percent of Ohio's overdose deaths last year. From January until April of this year, despite the overall reduction in overdose deaths, about 77 percent of the overdose deaths in Montgomery County, in Dayton, OH, involved fentanyl.

So, again, we are making progress, but not nearly as much as we all want to make, and a major reason for this is this influx of this deadly synthetic substance. Unbelievably, we know that fentanyl is mostly manufactured in China, and mostly comes to our country through our own United States mail system. Up to now, up until last month when the President signed this legislation, we did not have a way to screen these packages coming in from overseas, specifically from China, coming in through the mail system into our communities, causing all of these deaths and destruction. Now we have in place something that closes the loophole in the international mail screening. It requires the post office to do what the other carriers have had to do since 9/11, which is to provide law enforcement with advanced electronic data to be able to identify these suspect packages and get them offline. I think that is going to make a huge difference, not just because it is going to stop drugs from coming into our country but because, by reducing the supply, you are going to see the costs go up on the street, which has been one of our great challenges.

That is not the ultimate answer. The answer is prevention and education, reducing the demand for these drugs, better treatment and longer term recovery options—all of those things we talked about in terms of taking care of those moms and babies. But we also have to do everything we can to reduce the supply of these drugs, and that legislation that the President just signed is going to help.

We are also going to be helped by a new law that the President just signed last month which says that with regard to residential treatment programs, they are no longer going to be capped by an arbitrary limit of 16 beds. This is a vestige of the 1960s and 1970s, when we wanted to deinstitutionalize these people, and we said: You can't get reimbursement from Medicaid unless you have less than 16 beds for mental health and substance abuse treatment.

Then the opioid crisis hits us, and suddenly we find ourselves with no room at the inn. Literally, people are being turned away at treatment centers and, in the period they are waiting

to get in, overdosing and dying. I have heard these stories. I have heard the moms and dads talk about the pain of a child who finally says: I am ready.

In one case, a dad takes his daughter to a treatment center. This was in a tele-townhall meeting I had. We have them every month, and I hear these stories. These are people who aren't calling to tell these stories, but they end up telling it because we are talking about this issue. In this case, the dad's heart was heavy. He said: We took her. She was ready. There was no room. They couldn't accept her in the treatment center. So we took her back home.

In the 4 weeks that she was waiting to get a slot in the treatment center, what happened? She succumbed, once again, to shooting up—in her case, heroin—and an overdose in her own bedroom.

So this arbitrary limit doesn't make any sense. If the treatment center is doing a good job, don't limit it to 16 beds. If it is not doing a good job, by the way, it shouldn't be getting any reimbursement. But if it is doing a good job and successfully helping people to get beyond their addiction and into recovery, we shouldn't be limiting it. This legislation does that. It actually takes off the cap. It has a 5-year life because it has a cost to it, and I am convinced it is going to work well. Five years from now, we will extend that even further, but this is something some of us have been working on for many years, and it is now done. So, again, progress is being made incrementally. Some of this legislation we talked about tonight is contributing to that.

We need to ensure that if we implement this, we cannot at this point take our eye off the ball. I think when we look back at this year, 2018—and we are coming to the end of the calendar year now—we will see for the first time in the last dozen years a reduction in overdose deaths. I predict that is going to happen. I say that in part because I spoke to the Director of the Centers for Disease Control and Prevention.

I also say that because back in Ohio I am seeing these programs work. I am seeing us finally beginning to turn the tide, despite the influx of fentanyl. But I would just state tonight, if that is true, and if we begin to see some progress—and I see it on the ground and see it in reports from coroners and medical directors around Ohio—if that happens, let's not take our eye off the ball. We succeeded. Let's move on.

We did that back in the 1990s with regard to cocaine; we had solved the problem. We never solved the problem. It is like the tide. It keeps coming in. We have to be vigilant. We have to maintain the support we have provided here in the U.S. Congress to push back against this terrible addiction, this disease, and we have to ensure that we are not just pushing down on one drug and having another drug pop up.

As we make progress on fentanyl or make progress on heroin, let's also be

mindful of the disastrous impact of cocaine, crystal meth, and drugs we haven't even heard of yet—the new synthetic drugs that are coming our way.

I believe that Federal programs like CARA and Cures are making a difference. We are working with our States that are passing their own legislation and helping in many ways. Our local communities are jumping in and figuring out innovative and creative ways of taking that Federal dollar and leveraging it with private sector money and with State and local money.

I believe we are going to make progress with the STOP Act in reducing the supply and therefore raising the cost of the drug on the streets. I think what you have seen in Dayton, OH, which was reported in the New York Times, can continue—and not just in Dayton, but in Toledo, Columbus, Akron, Cincinnati, and St. Clairsville—all over our State and all over our country.

We have a role to play here, and that is to continue to be better partners, as we have been over the last 2½ years here in Congress—better partners with our States and with our local communities and with our families because, ultimately, this is an issue of the heart, isn't it? This is about the future.

We have some pages with us tonight. They are young people who are 16, 17 years old who come to this town because they are selected as bright, young people. They are listening—at least they are acting as though they are listening tonight; thank you. It is about you. It is about what kind of future you are going to have and what kind of future we are going to have, having safe and healthy communities.

Thank you.

I yield back my time.

The PRESIDING OFFICER. The Senator from Ohio.

ORDER OF PROCEDURE

Mr. PORTMAN. Mr. President, I ask unanimous consent that notwithstanding rule XXII, all postcloture time on the Farr nomination expire at 12 noon on Thursday, November 29; that if the nomination is confirmed, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action; further, that notwithstanding rule XXII, the cloture vote on the Kraninger nomination occur at 1:45 p.m., Thursday, November 29; and that if cloture is invoked on the Kobes or the Kraninger nomination, all postcloture time be yielded back and the Senate vote on the nominations at a time to be determined by the majority leader, in consultation with the Democratic leader, but not before December 4.

The PRESIDING OFFICER. Without objection, it is so ordered.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. PORTMAN. Mr. President, I ask unanimous consent that the Senate proceed to legislative session for a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

ARMS SALES NOTIFICATION

Mr. CORKER. Mr. President, section 36(b) of the Arms Export Control Act requires that Congress receive prior notification of certain proposed arms sales as defined by that statute. Upon such notification, the Congress has 30 calendar days during which the sale may be reviewed. The provision stipulates that, in the Senate, the notification of proposed sales shall be sent to the chairman of the Senate Foreign Relations Committee.

In keeping with the committee's intention to see that relevant information is available to the full Senate, I ask unanimous consent to have printed in the RECORD the notifications which have been received. If the cover letter references a classified annex, then such annex is available to all Senators in the office of the Foreign Relations Committee, room SD-423.

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

DEFENSE SECURITY
COOPERATION AGENCY,
Arlington, VA.

Hon. BOB CORKER,
Chairman, Committee on Foreign Relations,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, we are forwarding herewith Transmittal No. 18-43, concerning the Air Force's proposed Letter(s) of Offer and Acceptance to the Government of Qatar for defense articles and services estimated to cost \$215 million. After this letter is delivered to your office, we plan to issue a news release to notify the public of this proposed sale.

Sincerely,

CHARLES W. HOOPER,
Lieutenant General, USA, Director.

Enclosures.

TRANSMITTAL NO. 18-43

Notice of Proposed Issuance of Letter of Offer Pursuant to Section 36(b)(1) of the Arms Export Control Act, as amended

(i) Prospective Purchaser: Qatar.

(ii) Total Estimated Value:

Major Defense Equipment * \$95 million.

Other \$120 million.

Total \$215 million.

(iii) Description and Quantity or Quantities of Articles or Services under Consideration for Purchase: The Government of Qatar has requested to buy defense articles and services from the U.S. Government in support of a Direct Commercial Sales of the National Advanced Surface to Air Missile System (NASAMS).

Major Defense Equipment (MDE): Forty (40) AIM-120C-7 Advanced Medium Range Air-to-Air Missiles (AMRAAM).

One (1) spare AIM-120C-7 AMRAAM Guidance Section.

Non-MDE: Also included are one (1) spare AIM-120C-7 control section, eight (8) AMRAAM Captive Air Training Missile (CATM-120C), missile containers, classified software for the AN/MPQ-64F1 Sentinel Radar, spare and repair parts, cryptographic and communication security devices, precision navigation equipment, other software, site surveys, weapons system equipment and computer software support, publications and technical documentation, common munitions and test equipment, repair and return services and equipment, personnel training and training equipment, integration support and test equipment, and U.S. Government and contractor, engineering, technical and logistics support services, and other related elements of logistical and program support.

(iv) Military Department: Air Force (QA-D-YAE); Army (QA-B-UAS).

(v) Prior Related Cases, if any: N/A.

(vi) Sales Commission, Fee, etc., Paid, Offered, or Agreed to be Paid: None.

(vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: See Attached Annex.

(viii) Date Report Delivered to Congress: November 27, 2018.

* As defined in Section 47(6) of the Arms Export Control Act.

POLICY JUSTIFICATION

Qatar—Advanced Medium Range Air-to-Air Missiles (AMRAAM) and Related Equipment and Support for NASAMS

The Government of Qatar has requested to buy defense articles and services from the U.S. Government in support of a Direct Commercial Sale of the National Advanced Surface to Air Missile System (NASAMS). The items Qatar requests include the following: forty (40) AIM 120C-7 AMRAAM missiles, one (1) spare AIM 120C-7 AMRAAM guidance section, one (1) spare AIM-120C-7 control section, eight (8) AMRAAM Captive Air Training Missile (CATM-120C), missile containers, classified software for the AN/MPQ-64F1 Sentinel Radar, spare and repair parts, cryptographic and communication security devices, precision navigation equipment, other software, site surveys, weapons system equipment and computer software support, publications and technical documentation, common munitions and test equipment, repair and return services and equipment, personnel training and training equipment, integration support and test equipment, and U.S. Government and contractor, engineering, technical and logistics support services, and other related elements of logistical and program support. The estimated cost is \$215 million.

This proposed sale supports the foreign policy and national security objectives of the United States by helping improve the security of a key partner which has been, and continues to be, a significant host and member of coalition forces in the Middle East.

This proposed sale improves Qatar's defense capability to deter regional threats and strengthen its homeland defense. The NASAMS capability would provide a full range of protection from imminent hostile cruise missile, unmanned aerial vehicle, rotary wing, and fixed wing threats. Qatar will have no difficulty in absorbing this equipment.

The proposed sale will not alter the basic military balance in the region.

The principal contractor and integrator will be Raytheon Missiles Systems of Tucson, Arizona. There are no known offset agreements proposed in connection with this potential sale.

Implementation of this proposed sale will not require the assignment of additional U.S.